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Study of the health of the
residents of communities
adjacent to the Upper
OHawa Street Landfill Site
- Final report
Reference 24

Appendices



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GOVERNMENT DOCUMENTS

**Hamilton Opinion
RESEARCH CENTRE Ltd.**

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Also Reference 24

ANNEX

APPENDICES

STUDY OF THE HEALTH OF THE RESIDENTS OF COMMUNITIES ADJACENT
TO THE UPPER OTTAWA STREET LANDFILL SITE, HAMILTON, ONTARIO.

FINAL REPORT

January 1985

Prepared by: HAMILTON OPINION RESEARCH CENTRE LTD.

APPENDICES

APPENDIX

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APPENDIX A: MAIL QUESTIONNAIRE PRETEST

- Field Report
- Covering Announcement Letter
- Questionnaire

Mail Questionnaire Pretest

On March 8, 4 interviewers were briefed and received their assignments for the pretest. Twelve questionnaires were completed on a face to face basis via personal interviews and twelve questionnaires were completed via the mails. The interviewers were debriefed on March 21 after completing their assignments and the last 2 questionnaires to be completed via the mail-in technique arrived on April 2 and April 22. The face to face technique was valuable in providing richness and flavour with respect to the feedback and the self-administered technique allowed us to test the instrument and procedures as they were intended to be followed for the main study.

When administered on a face to face basis, the questionnaires averaged 25 minutes to complete which was considered long for a mail questionnaire. The longest took 50 minutes and the shortest took 15 minutes.

Three of the 54 cases assigned were considered as not eligible -- one had been interviewed in the personal interview pretest, one was still living near the landfill and, therefore, eligible for the main study personal interview, and one person claimed never to have lived near the landfill site. The sample consisted of residents who had lived at one time or another near the landfill but had moved away.

The mail questionnaire phase of the study was deleted for 2 basic reasons (1) the sample size was projected to be much smaller than originally anticipated and (2) the pretest indicated that the mail questionnaire would have been too brief to capture the necessary in-depth health information.

Final Summary Field Report: Mail Questionnaire Pretest

	<u>Via Interview</u>	<u>Via Mail</u>	<u>Total</u>	
Not Eligible	1	2	3	* Note: 12 of 29 eligible is 41.4% -- good for a single mailing and no follow up.
Language	1	0	1	
Moved	0	5	5	
Refused	4	17	21	
Complete	<u>12</u>	<u>12*</u>	<u>24</u>	
Assigned	18	36	54	

The pretest questionnaire and covering letter follow on the next few pages.

UPPER OTTAWA STREET LANDFILL SITE STUDY

Chairman:
Dr. Arthur N. Bourns

20 Jackson Street West
Suite 412
Hamilton, Ontario
L8P 1L2

Committee Members:
Dr. Dennis R. McCalla
A. L. (Sandy) McCallion
Dr. James B. Osbaldeston, M.D.

March 1984

Research Director:
Anne Koven

Dear Sir or Madam:

The Upper Ottawa Street Landfill Study Committee, which is funded by the Ministry of Health, is carrying out a health study. The purpose of this work is to study the health of persons who live at various distances from the Upper Ottawa Street Landfill Site.

As part of the overall study, we are mailing questionnaires to residents who have lived near the landfill at one time or another. Your name appeared in municipal records as being either a present or past resident of Zone 1 or Zone 2 marked on the map on the reverse side of this letter.

It is important for us to obtain information about persons whose health is good as well as about persons whose health is poor -- in order to get an accurate picture of the total community. Therefore, everyone's answers are equally important whether or not they have health problems. Although the questionnaire may appear long, it will only take a few minutes to complete. The instructions on the cover of the questionnaire show how short it really is.

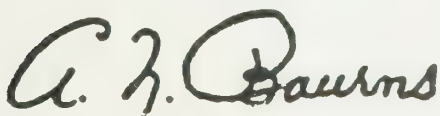
All of your answers will be kept confidential. The questionnaire has an identification number on the back cover for mailing purposes only. This is so that we can check your name off the list when your questionnaire is returned. You can be assured that your name will not appear on the questionnaire.

This study has the support and encouragement of the Provincial, Regional and City governments, and I hope that you will agree to participate in this important investigation.

Please return the completed questionnaire in the stamped reply envelope at your earliest convenience (within one week if possible).

Thank you in advance for your co-operation.

Sincerely,



Dr. A. N. Bourns
Chairman

UPPER OTTAWA STREET LANDFILL STUDY

Spring 1984

INSTRUCTIONS -- PLEASE READ CAREFULLY

1. THE QUESTIONNAIRE

The questionnaire is easy to answer. There are just 2 pages to be completed for each member of your household. Please answer all the questions and feel free to use the space on the back cover to mention anything that was not covered in the questionnaire or to expand on matters which were included.

For most of the questions you are required simply to circle an answer or mark an answer with an X. For some questions you are asked to write a few words.

2. WHO SHOULD COMPLETE THE QUESTIONNAIRE?

The one person who knows the most about the health of all members of your household should fill in the entire questionnaire. Generally speaking, the female head of household, for example the mother or wife, may be the best person since she is likely to know the most about the family's health.

THE PERSON FILLING IN THE QUESTIONNAIRE WILL BE PERSON 1.

3. WHOM TO INCLUDE?

Include all persons who usually live in your household even if they might be away right now at college, on vacation, in hospital, living temporarily in a nursing home or living temporarily someplace else. Each of these persons then will become PERSON 2, PERSON 3, PERSON 4, and so on in the questionnaire.

The 2 pages of questions for each person are titled Person 1 through Person 9. Most households will not need them all. For example, if there are 4 persons in your household, you will not need to go beyond Person 4.

If there are more than 9 persons in your household, place an X here in the brackets () and we will send you a second questionnaire. For the enclosed copy, if there are more than 9 persons in your household, answer for all adults first, then continue with the youngest children next.

4. WHICH QUESTIONS TO ANSWER?

There are only a few sections to complete for each person.

For each section please read the instructions at the top. Fill in Sections A, B, and C for everyone. Section D is about children under age 16. Section E is for all adults age 16 and over. Section F is for adult females age 16 and over.

PERSON 1

Mark with an X
if this person is

- () Male, or
() Female

Enter this person's
date of birth

Day Month Year

--Person who is
filling in the
entire
questionnaire.

A RESIDENCE Look at the map on the back of the letter. Zone 1 and Zone 2 are close to the Upper Ottawa Landfill Site. In what years did this person live in each Zone?

Zone 1 - From 19 ____ To 19 ____

Zone 2 - From 19 ____ To 19 ____

Altogether, how many times has this person changed address or moved within the last 10 years? Fill in the blank. This person moved ____ times since 1974.

If this person no longer lives in either Zone 1 or Zone 2 on the map, what was the single most important reason for moving away from there?

() Mark X in the bracket if still living in Zone 1 or Zone 2. OR ____ reason for moving

B HEALTH Does this person presently have any of the following health conditions? Circle YES for all those conditions that apply.

YES Anemia

YES Skin allergies or other skin disorder

YES Hayfever or other allergies

YES Asthma

YES Arthritis or rheumatism

YES Cancer

YES Diabetes

YES Emphysema or chronic bronchitis

YES Mental disorders including depression, insomnia and so on

YES High blood pressure or hypertension

YES Heart disease

YES Kidney disease or disorder

YES Stomach ulcer, that is gastric or duodenal ulcer

YES Digestive disorder

YES Thyroid trouble or goitre

YES Recurring migraine headaches

YES Sight problems or eye disorders--including sudden or unusual changes in vision--not counting normal wearing of glasses

YES Any hearing problems or ear disorders including only slight or minor problems

YES Dental problems

YES Influenza, that is the flu

YES Other respiratory ailments or breathing problems

YES Injury

YES Serious trouble with the back, spine, legs, hips, arms, shoulders, other joints, or other bones

YES Is there some other condition this person presently has that is not on this list?

Specify ____

YES Did this person (consider male and female adults only) ever have difficulty starting a pregnancy even after one year of trying?

C SMOKING Does this person presently smoke cigarettes daily? Mark X for either yes or no

If yes, answer questions below.

If no, answer questions below.

▽ () yes

▽ () no

At what age did this person start smoking cigarettes daily?

Started at age ____

About how many cigarettes does this person now smoke each day?

Number of cigarettes smoked each day now ____

What experience with cigarettes has this person had ... Mark only one answer with an X.

() Never smoked

() Now smokes occasionally

() Used to smoke occasionally

() Used to smoke daily

About how many cigarettes did this person usually smoke daily? (Less than 1 cigarette per day = 0)

Used to smoke ____ cigarettes daily.

ANSWER THIS SECTION ONLY IF THIS PERSON IS UNDER AGE 16

Did this person weigh less than 5 pounds ounces (2500 grams) at birth?

() yes () no

Did this person have any birth defects which were present at birth or discovered later in the child's life?

() yes () no

If yes, please describe:

Did this person ever had problems with normal child development in terms of physical growth or development?

() yes () no

Did this person ever received any of the following types of special education or special teaching? (Including part-time or full-time) Circle YES for all that apply. Education or teaching for children who are ...

ES Perceptually handicapped

ES Mentally retarded

ES Emotionally or behaviourally disturbed

ANSWER THIS SECTION FOR

ALL ADULTS AGE 16 OR OVER

(For statistical groupings only.)

What is the usual occupation of this person?

Mark an X in the brackets beside the category that best describes this person.

() White Collar () Unemployed

() Blue Collar () Retired

() Housewife () Student

What is the last grade of school, college or university this person completed?

Circle the category that best describes this person.

2 3 4 5 6 7 8 9 10 11

13 some college completed college or university or university

What was this household's TOTAL FAMILY income before taxes for 1983? Circle the letter beside the category that applies.

Under \$ 5,000 F- \$25,000 - \$29,999
\$ 5,000 - \$ 9,999 G- \$30,000 - \$34,999
\$10,000 - \$14,999 H- \$35,000 - \$39,999
\$15,000 - \$19,999 I- \$40,000 or more
\$20,000 - \$24,999

F ANSWER THIS SECTION ONLY IF THIS PERSON IS AN ADULT FEMALE AGE 16 OR OVER

This question applies only to adult females age 16 and over who have ever been pregnant -- including all pregnancies which resulted in either live births, stillbirths, miscarriages or abortions. How many times has this person ended a pregnancy since 1968?

_____ pregnancies ended since 1968

In what year did each pregnancy end? Write the years in the chart below. List in order starting with the most recent first.

For each pregnancy, circle the appropriate letter in the chart to describe the end result of that pregnancy. The possible letters and their corresponding results are:

A- Live Birth

D- Abortion

B- Miscarriage

E- Live at Birth but Died

C- Stillborn (Dead

Later

at Delivery)

F- Other Result

ENTER YEAR ENDED	RESULT			Describe any birth defects or cause of death if applicable
	Circle one letter for each pregnancy			
19__	A D	B E	C F	
19__	A D	B E	C F	
19__	A D	B E	C F	
19__	A D	B E	C F	
19__	A D	B E	C F	
19__	A D	B E	C F	
19__	A D	B E	C F	
19__	A D	B E	C F	
19__	A D	B E	C F	

G PLEASE TURN THE PAGE AND CONTINUE FOR ANOTHER PERSON IN YOUR HOUSEHOLD.

PERSON 3 --Person 3 is the

Mark with an X
if this person is

- () Male, or
() Female

Enter this person's
date of birth

_____ of Person 1.
Specify Relationship

____ Day ____ Month ____ Year

A RESIDENCE Look at the map on the back of the letter. Zone 1 and Zone 2 are close to the Upper Ottawa Landfill Site. In what years did this person live in each Zone?

Zone 1 - From 19 ____ To 19 ____

Zone 2 - From 19 ____ To 19 ____

Altogether, how many times has this person changed address or moved within the last 10 years? Fill in the blank. This person moved _____ times since 1974.

If this person no longer lives in either Zone 1 or Zone 2 on the map, what was the single most important reason for moving away from there?

() Mark X in the bracket if still living in Zone 1 or Zone 2. OR

_____ reason for moving

B HEALTH Does this person presently have any of the following health conditions? Circle YES for all those conditions that apply.

YES Anemia

YES Skin allergies or other skin disorder

YES Hayfever or other allergies

YES Asthma

YES Arthritis or rheumatism

YES Cancer

YES Diabetes

YES Emphysema or chronic bronchitis

YES Mental disorders including depression, insomnia and so on

YES High blood pressure or hypertension

YES Heart disease

YES Kidney disease or disorder

YES Stomach ulcer, that is gastric or duodenal ulcer

YES Digestive disorder

YES Thyroid trouble or goitre

YES Recurring migraine headaches

YES Sight problems or eye disorders-- including sudden or unusual changes in vision--not counting normal wearing of glasses

YES Any hearing problems or ear disorders including only slight or minor problems

YES Dental problems

YES Influenza, that is the flu

YES Other respiratory ailments or breathing problems

YES Injury

YES Serious trouble with the back, spine, legs, hips, arms, shoulders, other joints, or other bones

YES Is there some other condition this person presently has that is not on this list?

Specify _____

YES Did this person (consider male and female adults only) ever have difficulty starting a pregnancy even after one year of trying?

C SMOKING Does this person presently smoke cigarettes daily? Mark X for either yes or no. If yes, answer questions below. If no, answer questions below.

____ () yes

At what age did this person start smoking cigarettes daily?

Started at age _____

About how many cigarettes does this person now smoke each day?

Number of cigarettes smoked each day now _____

____ () no

What experience with cigarettes has this person had ... Mark only one answer with an X.

() Never smoked

() Now smokes occasionally

() Used to smoke occasionally

() Used to smoke daily

About how many cigarettes did this person usually smoke daily? (Less than 1 cigarette per day = 0)

Used to smoke _____ cigarettes daily.

ANSWER THIS SECTION ONLY IF THIS PERSON IS UNDER AGE 16

Did this person weigh less than 5 pounds ounces (2500 grams) at birth?

() yes () no

Did this person have any birth defects which were present at birth or discovered later in the child's life?

() yes () no
If yes, please describe:

Did this person ever had problems with normal child development in terms of physical growth or development?

() yes () no

Did this person ever received any of the following types of special education or special teaching? (Including part-time or full-time) Circle YES for all that apply. Special education or teaching for children who are ...

YES Perceptually handicapped

YES Mentally retarded

YES Emotionally or behaviourally disturbed

ANSWER THIS SECTION FOR ALL ADULTS AGE 16 OR OVER (For statistical groupings only.)

What is the usual occupation of this person?

Mark an X in the brackets beside the category that best describes this person.

() White Collar () Unemployed

() Blue Collar () Retired

() Housewife () Student

What is the last grade of school, college or university this person completed?

Circle the category that best describes this person.

2 3 4 5 6 7 8 9 10 11

13 some college completed college
or university or university

F ANSWER THIS SECTION ONLY IF THIS PERSON IS AN ADULT FEMALE AGE 16 OR OVER

This question applies only to adult females age 16 and over who have ever been pregnant -- including all pregnancies which resulted in either live births, stillbirths, miscarriages or abortions. How many times has this person ended a pregnancy since 1968?

_____ pregnancies ended since 1968

In what year did each pregnancy end? Write the years in the chart below. List in order starting with the most recent first.

For each pregnancy, circle the appropriate letter in the chart to describe the end result of that pregnancy. The possible letters and their corresponding results are:

A- Live Birth

D- Abortion

B- Miscarriage

E- Live at Birth but Died

C- Stillborn (Dead at Delivery)

Later

F- Other Result

ENTER YEAR ENDED	RESULT Circle one letter for each pregnancy			Describe any birth defects or cause of death if applicable
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	

G PLEASE TURN THE PAGE AND CONTINUE FOR ANOTHER PERSON IN YOUR HOUSEHOLD.

PERSON 4

--Person 4 is the

Mark with an X
if this person is
() Male, or
() Female

Enter this person's
date of birth

Day Month Year

of Person 1.
Specify Relationship

A RESIDENCE Look at the map on the back of the letter. Zone 1 and Zone 2 are close to the Upper Ottawa Landfill Site. In what years did this person live in each Zone?

Zone 1 - From 19 ____ To 19 ____

Zone 2 - From 19 ____ To 19 ____

Altogether, how many times has this person changed address or moved within the last 10 years? Fill in the blank. This person moved ____ times since 1974.

If this person no longer lives in either Zone 1 or Zone 2 on the map, what was the single most important reason for moving away from there?

() Mark X in the bracket if still living in Zone 1 or Zone 2. OR ____ reason for moving

B HEALTH Does this person presently have any of the following health conditions? Circle YES for all those conditions that apply.

YES Anemia

YES Skin allergies or other skin disorder

YES Hayfever or other allergies

YES Asthma

YES Arthritis or rheumatism

YES Cancer

YES Diabetes

YES Emphysema or chronic bronchitis

YES Mental disorders including depression, insomnia and so on

YES High blood pressure or hypertension

YES Heart disease

YES Kidney disease or disorder

YES Stomach ulcer, that is gastric or duodenal ulcer

YES Digestive disorder

YES Thyroid trouble or goitre

YES Recurring migraine headaches

YES Sight problems or eye disorders--including sudden or unusual changes in vision--not counting normal wearing of glasses

YES Any hearing problems or ear disorders including only slight or minor problems

YES Dental problems

YES Influenza, that is the flu

YES Other respiratory ailments or breathing problems

YES Injury

YES Serious trouble with the back, spine, legs, hips, arms, shoulders, other joints, or other bones

YES Is there some other condition this person presently has that is not on this list?

Specify ____

YES Did this person (consider male and female adults only) ever have difficulty starting a pregnancy even after one year of trying?

C SMOKING Does this person presently smoke cigarettes daily? Mark X for either yes or no

If yes, answer questions below.

If no, answer questions below.

▽ () yes

At what age did this person start smoking cigarettes daily?

Started at age ____

About how many cigarettes does this person now smoke each day?

Number of cigarettes smoked each day now ____

▽ () no

What experience with cigarettes has this person had ... Mark only one answer with an X.

() Never smoked

() Now smokes occasionally

() Used to smoke occasionally

() Used to smoke daily

About how many cigarettes did this person usually smoke daily? (Less than 1 cigarette per day = 0)

Used to smoke ____ cigarettes daily.

ANSWER THIS SECTION ONLY IF THIS PERSON IS UNDER AGE 16

Did this person weigh less than 5 pounds ounces (2500 grams) at birth?

() yes () no

Did this person have any birth defects which were present at birth or discovered later in the child's life?

() yes () no

If yes, please describe:

Did this person ever had problems with normal child development in terms of physical growth or development?

() yes () no

Did this person ever received any of the following types of special education or special teaching? (Including part-time or full-time) Circle YES for all that apply. Education or teaching for children who are ...

YES Perceptually handicapped

YES Mentally retarded

YES Emotionally or behaviourally disturbed

ANSWER THIS SECTION FOR ALL ADULTS AGE 16 OR OVER (For statistical groupings only.)

What is the usual occupation of this person?

Mark an X in the brackets beside the category that best describes this person.

() White Collar () Unemployed

() Blue Collar () Retired

() Housewife () Student

What is the last grade of school, college or university this person completed?

Circle the category that best describes this person.

2 3 4 5 6 7 8 9 10 11

13 some college completed college or university or university

ANSWER THIS SECTION ONLY IF THIS PERSON IS AN ADULT FEMALE AGE 16 OR OVER

This question applies only to adult females age 16 and over who have ever been pregnant -- including all pregnancies which resulted in either live births, stillbirths, miscarriages or abortions. How many times has this person ended a pregnancy since 1968?

_____ pregnancies ended since 1968

In what year did each pregnancy end? Write the years in the chart below. List in order starting with the most recent first.

For each pregnancy, circle the appropriate letter in the chart to describe the end result of that pregnancy. The possible letters and their corresponding results are:

A- Live Birth

D- Abortion

B- Miscarriage

E- Live at Birth but Died

C- Stillborn (Dead at Delivery)

Later

F- Other Result

ENTER YEAR ENDED	RESULT Circle one letter for each pregnancy			Describe any birth defects or cause of death if applicable
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	

PLEASE TURN THE PAGE AND CONTINUE FOR ANOTHER PERSON IN YOUR HOUSEHOLD.

PERSON 5 --Person 5 is the

Mark with an X
if this person is

() Male, or
() Female

Enter this person's
date of birth

of Person 1.

Specify Relationship

Day Month Year

A RESIDENCE Look at the map on the back of the letter. Zone 1 and Zone 2 are close to the Upper Ottawa Landfill Site. In what years did this person live in each Zone?

Zone 1 - From 19 ____ To 19 ____

Zone 2 - From 19 ____ To 19 ____

Altogether, how many times has this person changed address or moved within the last 10 years? *Fill in the blank.* This person moved ____ times since 1974.

If this person no longer lives in either Zone 1 or Zone 2 on the map, what was the single most important reason for moving away from there?

() Mark X in the bracket if still living OR
in Zone 1 or Zone 2.

reason for moving

B HEALTH Does this person presently have any of the following health conditions?
Circle YES for all those conditions that apply.

YES Anemia

YES Skin allergies or other skin disorder

YES Hayfever or other allergies

YES Asthma

YES Arthritis or rheumatism

YES Cancer

YES Diabetes

YES Emphysema or chronic bronchitis

YES Mental disorders including depression, insomnia and so on

YES High blood pressure or hypertension

YES Heart disease

YES Kidney disease or disorder

YES Stomach ulcer, that is gastric or duodenal ulcer

YES Digestive disorder

YES Thyroid trouble or goitre

YES Recurring migraine headaches

YES Sight problems or eye disorders-- including sudden or unusual changes in vision--not counting normal wearing of glasses

YES Any hearing problems or ear disorders, including only slight or minor problems

YES Dental problems

YES Influenza, that is the flu

YES Other respiratory ailments or breathing problems

YES Injury

YES Serious trouble with the back, spine, legs, hips, arms, shoulders, other joints, or other bones

YES Is there some other condition this person presently has that is not on this list?

Specify _____

YES Did this person (consider male and female adults only) ever have difficulty starting a pregnancy even after one year of trying?

C SMOKING Does this person presently smoke cigarettes daily? Mark X for either yes or no.

If yes, answer questions below.

If no, answer questions below.

▽ () yes

At what age did this person start smoking cigarettes daily?

Started at age _____

About how many cigarettes does this person now smoke each day?

Number of cigarettes smoked each day now _____

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What experience with cigarettes has this person had ...
Mark only one answer with an X.

() Never smoked

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() Used to smoke daily

About how many cigarettes did this person usually smoke daily? (Less than 1 cigarette per day = 0)

Used to smoke _____ *cigarettes daily.*

ANSWER THIS SECTION ONLY IF THIS PERSON IS UNDER AGE 16

Did this person weigh less than 5 pounds ounces (2500 grams) at birth?

() yes () no

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() yes () no

If yes, please describe:

Did this person ever had problems with normal child development in terms of physical growth or development?

() yes () no

Did this person ever received any of the following types of special education or special teaching? (Including part-time or full-time) Circle YES for all that apply. Education or teaching for children who are ...

YES Perceptually handicapped

YES Mentally retarded

YES Emotionally or behaviourally disturbed

ANSWER THIS SECTION FOR ALL ADULTS AGE 16 OR OVER (For statistical groupings only.)

What is the usual occupation of this person?

Mark an X in the brackets beside the category that best describes this person.

() White Collar () Unemployed

() Blue Collar () Retired

() Housewife () Student

What is the last grade of school, college or university this person completed?

Circle the category that best describes this person.

2 3 4 5 6 7 8 9 10 11

13 some college completed college or university or university

ANSWER THIS SECTION ONLY IF THIS PERSON IS AN ADULT FEMALE AGE 16 OR OVER

This question applies only to adult females age 16 and over who have ever been pregnant -- including all pregnancies which resulted in either live births, stillbirths, miscarriages or abortions. How many times has this person ended a pregnancy since 1968?

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Later

at Delivery)

F- Other Result

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19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	

PLEASE TURN THE PAGE AND CONTINUE FOR ANOTHER PERSON IN YOUR HOUSEHOLD.

PERSON 6

--Person 6 is the

Mark with an X

if this person is

() Male, or

() Female

Enter this person's

date of birth

Day Month Year

of Person 1.

Specify Relationship

A RESIDENCE Look at the map on the back the letter. Zone 1 and Zone 2 are close to the Upper Ottawa Landfill Site. In what years did this person live in each Zone?

Zone 1 - From 19 ____ To 19 ____

Zone 2 - From 19 ____ To 19 ____

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() Mark X in the bracket if still living in Zone 1 or Zone 2. OR

reason for moving

B HEALTH Does this person presently have any of the following health conditions? Circle YES for all those conditions that apply.

YES Anemia

YES Skin allergies or other skin disorder

YES Hayfever or other allergies

YES Asthma

YES Arthritis or rheumatism

YES Cancer

YES Diabetes

YES Emphysema or chronic bronchitis

YES Mental disorders including depression, insomnia and so on

YES High blood pressure or hypertension

YES Heart disease

YES Kidney disease or disorder

YES Stomach ulcer, that is gastric or duodenal ulcer

YES Digestive disorder

YES Thyroid trouble or goitre

YES Recurring migraine headaches

YES Sight problems or eye disorders--including sudden or unusual changes vision--not counting normal wearing glasses

YES Any hearing problems or ear disorder including only slight or minor problems

YES Dental problems

YES Influenza, that is the flu

YES Other respiratory ailments or breathing problems

YES Injury

YES Serious trouble with the back, spine, legs, hips, arms, shoulders, other joints, or other bones

YES Is there some other condition this person presently has that is not on list?

Specify

YES Did this person (consider male and female adults only) ever have difficulty starting a pregnancy even after one of trying?

C SMOKING Does this person presently smoke cigarettes daily? Mark X for either yes or no. If yes, answer questions below. If no, answer questions below.

▽ () yes

At what age did this person start smoking cigarettes daily?

Started at age ____

About how many cigarettes does this person now smoke each day?

Number of cigarettes smoked each day now ____

▽ () no

What experience with cigarettes has this person had ... Mark only one answer with an X.

() Never smoked

() Now smokes occasionally

() Used to smoke occasionally

() Used to smoke daily

About how many cigarettes did this person usually smoke daily? (Less than 1 cigarette per day = 0)

Used to smoke ____ cigarettes daily.

ANSWER THIS SECTION ONLY IF THIS PERSON IS UNDER AGE 16

Did this person weigh less than 5 pounds ounces (2500 grams) at birth?

() yes () no

Did this person have any birth defects which were present at birth or discovered later in the child's life?

() yes () no

If yes, please describe:

Did this person ever had problems with normal child development in terms of physical growth or development?

() yes () no

Did this person ever received any of the following types of special education or special teaching? (Including part-time or full-time) Circle YES for all that apply. Education or teaching for children who are ...

YES Perceptually handicapped

YES Mentally retarded

YES Emotionally or behaviourally disturbed

ANSWER THIS SECTION FOR ALL ADULTS AGE 16 OR OVER (For statistical groupings only.)

What is the usual occupation of this person?

Mark an X in the brackets beside the category that best describes this person.

() White Collar () Unemployed

() Blue Collar () Retired

() Housewife () Student

What is the last grade of school, college or university this person completed?

Circle the category that best describes this person.

2 3 4 5 6 7 8 9 10 11

13 some college completed college or university or university

ANSWER THIS SECTION ONLY IF THIS PERSON IS AN ADULT FEMALE AGE 16 OR OVER

This question applies only to adult females age 16 and over who have ever been pregnant -- including all pregnancies which resulted in either live births, stillbirths, miscarriages or abortions. How many times has this person ended a pregnancy since 1968?

_____ pregnancies ended since 1968

In what year did each pregnancy end? Write the years in the chart below. List in order starting with the most recent first.

For each pregnancy, circle the appropriate letter in the chart to describe the end result of that pregnancy. The possible letters and their corresponding results are:

A- Live Birth

D- Abortion

B- Miscarriage

E- Live at Birth but Died

C- Stillborn (Dead

Later

at Delivery)

F- Other Result

ENTER YEAR ENDED	RESULT			Describe any birth defects or cause of death if applicable
	Circle one letter for each pregnancy			
19__	A D	B E	C F	
19__	A D	B E	C F	
19__	A D	B E	C F	
19__	A D	B E	C F	
19__	A D	B E	C F	
19__	A D	B E	C F	
19__	A D	B E	C F	
19__	A D	B E	C F	
19__	A D	B E	C F	

PLEASE TURN THE PAGE AND CONTINUE FOR ANOTHER PERSON IN YOUR HOUSEHOLD.

PERSON 7

--Person 7 is the

Mark with an X
if this person is
() Male, or
() Female

Enter this person's
date of birth

Day Month Year

of Person 1.
Specify Relationship

A RESIDENCE Look at the map on the back
the letter. Zone 1 and Zone 2 are clos
to the Upper Ottawa Landfill Site. In wha
years did this person live in each Zone?

Zone 1 - From 19 ____ To 19 ____

Zone 2 - From 19 ____ To 19 ____

Altogether, how many times has this person changed address or moved within the last 10
years? Fill in the blank. This person moved ____ times since 1974.

If this person no longer lives in either Zone 1 or Zone 2 on the map, what was the
single most important reason for moving away from there?

() Mark X in the bracket if still living OR ____
in Zone 1 or Zone 2. reason for moving

B HEALTH Does this person presently have any of the following health conditions?
Circle YES for all those conditions that apply.

YES Anemia

YES Skin allergies or other skin disorder

YES Hayfever or other allergies

YES Asthma

YES Arthritis or rheumatism

YES Cancer

YES Diabetes

YES Emphysema or chronic bronchitis

YES Mental disorders including depression,
insomnia and so on

YES High blood pressure or hypertension

YES Heart disease

YES Kidney disease or disorder

YES Stomach ulcer, that is gastric or
duodenal ulcer

YES Digestive disorder

YES Thyroid trouble or goitre

YES Recurring migraine headaches

YES Sight problems or eye disorders--
including sudden or unusual changes
vision--not counting normal wearing
glasses

YES Any hearing problems or ear disorder
including only slight or minor probl

YES Dental problems

YES Influenza, that is the flu

YES Other respiratory ailments or breath
problems

YES Injury

YES Serious trouble with the back, spine
legs, hips, arms, shoulders, other
joints, or other bones

YES Is there some other condition this
person presently has that is not on
list?

Specify ____

YES Did this person (consider male and
female adults only) ever have diffic
starting a pregnancy even after one
of trying?

C SMOKING Does this person presently smoke cigarettes daily? Mark X for either yes or

If yes, answer questions below.

If no, answer questions below.

▽ () yes

At what age did this person
start smoking cigarettes daily?

Started at age ____

About how many cigarettes does
this person now smoke each day?

Number of cigarettes smoked
each day now ____

▽ () no

What experience with cigarettes has this person had ..
Mark only one answer with an X.

() Never smoked

() Now smokes occasionally

() Used to smoke occasionally

() Used to smoke daily

About how many cigarettes did this person usually smok
daily? (Less than 1 cigarette per day = 0)

Used to smoke ____ cigarettes daily.

ANSWER THIS SECTION ONLY IF THIS PERSON IS UNDER AGE 16

Did this person weigh less than 5 pounds ounces (2500 grams) at birth?

() yes () no

Did this person have any birth defects which were present at birth or discovered later in the child's life?

() yes () no

If yes, please describe:

Did this person ever had problems with normal child development in terms of physical growth or development?

() yes () no

Did this person ever received any of the following types of special education or special teaching? (Including part-time or full-time) Circle YES for all that apply. Education or teaching for children who are ...

YES Perceptually handicapped

YES Mentally retarded

YES Emotionally or behaviourally disturbed

ANSWER THIS SECTION FOR ALL ADULTS AGE 16 OR OVER
(For statistical groupings only.)

What is the usual occupation of this person?

Mark an X in the brackets beside the category that best describes this person.

() White Collar () Unemployed

() Blue Collar () Retired

() Housewife () Student

What is the last grade of school, college or university this person completed?

Circle the category that best describes this person.

2 3 4 5 6 7 8 9 10 11

13 some college completed college
or university or university

F ANSWER THIS SECTION ONLY IF THIS PERSON IS AN ADULT FEMALE AGE 16 OR OVER

This question applies only to adult females age 16 and over who have ever been pregnant -- including all pregnancies which resulted in either live births, stillbirths, miscarriages or abortions. How many times has this person ended a pregnancy since 1968?

_____ pregnancies ended since 1968

In what year did each pregnancy end? Write the years in the chart below. List in order starting with the most recent first.

For each pregnancy, circle the appropriate letter in the chart to describe the end result of that pregnancy. The possible letters and their corresponding results are:

A- Live Birth

D- Abortion

B- Miscarriage

E- Live at Birth but Died

C- Stillborn (Dead at Delivery)

Later

F- Other Result

ENTER YEAR ENDED	RESULT Circle one letter for each pregnancy			Describe any birth defects or cause of death if applicable
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	

G PLEASE TURN THE PAGE AND CONTINUE FOR ANOTHER PERSON IN YOUR HOUSEHOLD.

PERSON 8

--Person 8 is the

Mark with an X
if this person is
() Male, or
() Female

Enter this person's
date of birth

Day Month Year

of Person 1.

Specify Relationship

A RESIDENCE Look at the map on the back
the letter. Zone 1 and Zone 2 are clos
to the Upper Ottawa Landfill Site. In wha
years did this person live in each Zone?

Zone 1 - From 19 ____ To 19 ____

Zone 2 - From 19 ____ To 19 ____

Altogether, how many times has this person changed address or moved within the last 10
years? Fill in the blank. This person moved ____ times since 1974.

If this person no longer lives in either Zone 1 or Zone 2 on the map, what was the
single most important reason for moving away from there?

() Mark X in the bracket if still living OR
in Zone 1 or Zone 2.

reason for moving

B HEALTH Does this person presently have any of the following health conditions?

Circle YES for all those conditions that apply.

YES Anemia

YES Skin allergies or other skin disorder

YES Hayfever or other allergies

YES Asthma

YES Arthritis or rheumatism

YES Cancer

YES Diabetes

YES Emphysema or chronic bronchitis

YES Mental disorders including depression,
insomnia and so on

YES High blood pressure or hypertension

YES Heart disease

YES Kidney disease or disorder

YES Stomach ulcer, that is gastric or
duodenal ulcer

YES Digestive disorder

YES Thyroid trouble or goitre

YES Recurring migraine headaches

YES Sight problems or eye disorders--
including sudden or unusual changes
vision--not counting normal wearing
glasses

YES Any hearing problems or ear disorder
including only slight or minor probl

YES Dental problems

YES Influenza, that is the flu

YES Other respiratory ailments or breath
problems

YES Injury

YES Serious trouble with the back, spine,
legs, hips, arms, shoulders, other
joints, or other bones

YES Is there some other condition this
person presently has that is not on
list?

Specify

YES Did this person (consider male and
female adults only) ever have diffic
starting a pregnancy even after one
of trying?

C SMOKING Does this person presently smoke cigarettes daily? Mark X for either yes or

If yes, answer questions below.

If no, answer questions below.

▽ () yes

At what age did this person
start smoking cigarettes daily?

Started at age ____

About how many cigarettes does
this person now smoke each day?

Number of cigarettes smoked
each day now ____

▽ () no

What experience with cigarettes has this person had ..
Mark only one answer with an X.

() Never smoked

() Now smokes occasionally

() Used to smoke occasionally

() Used to smoke daily

About how many cigarettes did this person usually smoke
daily? (Less than 1 cigarette per day = 0)

Used to smoke ____ cigarettes daily.

ANSWER THIS SECTION ONLY IF THIS PERSON IS UNDER AGE 16

Did this person weigh less than 5 pounds ounces (2500 grams) at birth?

() yes () no

Did this person have any birth defects which were present at birth or discovered later in the child's life?

() yes () no

If yes, please describe:

Did this person ever had problems with normal child development in terms of physical growth or development?

() yes () no

Did this person ever received any of the following types of special education or special teaching? (Including part-time or full-time) Circle YES for all that apply. Education or teaching for children who are ...

YES Perceptually handicapped

YES Mentally retarded

YES Emotionally or behaviourally disturbed

ANSWER THIS SECTION FOR ALL ADULTS AGE 16 OR OVER (For statistical groupings only.)

What is the usual occupation of this person?

Mark an X in the brackets beside the category that best describes this person.

() White Collar () Unemployed

() Blue Collar () Retired

() Housewife () Student

What is the last grade of school, college or university this person completed?

Circle the category that best describes this person.

2 3 4 5 6 7 8 9 10 11

13 some college completed college or university or university

ANSWER THIS SECTION ONLY IF THIS PERSON IS AN ADULT FEMALE AGE 16 OR OVER

This question applies only to adult females age 16 and over who have ever been pregnant -- including all pregnancies which resulted in either live births, stillbirths, miscarriages or abortions. How many times has this person ended a pregnancy since 1968?

_____ pregnancies ended since 1968

In what year did each pregnancy end? Write the years in the chart below. List in order starting with the most recent first.

For each pregnancy, circle the appropriate letter in the chart to describe the end result of that pregnancy. The possible letters and their corresponding results are:

A- Live Birth D- Abortion
B- Miscarriage E- Live at Birth but Died Later
C- Stillborn (Dead at Delivery) F- Other Result

ENTER YEAR ENDED	RESULT Circle one letter for each pregnancy			Describe any birth defects or cause of death if applicable
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	

PLEASE TURN THE PAGE AND CONTINUE FOR ANOTHER PERSON IN YOUR HOUSEHOLD.

PERSON 9

--Person 9 is the

Mark with an X
if this person is

- () Male, or
() Female

Enter this person's
date of birth

Day Month Year

of Person 1.

Specify Relationship

A RESIDENCE Look at the map on the back of the letter. Zone 1 and Zone 2 are close to the Upper Ottawa Landfill Site. In what years did this person live in each Zone?

Zone 1 - From 19 ____ To 19 ____

Zone 2 - From 19 ____ To 19 ____

Altogether, how many times has this person changed address or moved within the last 10 years? Fill in the blank. This person moved ____ times since 1974.

If this person no longer lives in either Zone 1 or Zone 2 on the map, what was the single most important reason for moving away from there?

() Mark X in the bracket if still living in Zone 1 or Zone 2. OR

reason for moving

B HEALTH Does this person presently have any of the following health conditions? Circle YES for all those conditions that apply.

YES Anemia

YES Skin allergies or other skin disorder

YES Hayfever or other allergies

YES Asthma

YES Arthritis or rheumatism

YES Cancer

YES Diabetes

YES Emphysema or chronic bronchitis

YES Mental disorders including depression, insomnia and so on

YES High blood pressure or hypertension

YES Heart disease

YES Kidney disease or disorder

YES Stomach ulcer, that is gastric or duodenal ulcer

YES Digestive disorder

YES Thyroid trouble or goitre

YES Recurring migraine headaches

YES Sight problems or eye disorders--including sudden or unusual changes in vision--not counting normal wearing of glasses

YES Any hearing problems or ear disorders--including only slight or minor problems

YES Dental problems

YES Influenza, that is the flu

YES Other respiratory ailments or breathing problems

YES Injury

YES Serious trouble with the back, spine, legs, hips, arms, shoulders, other joints, or other bones

YES Is there some other condition this person presently has that is not on the list?

Specify

YES Did this person (consider male and female adults only) ever have difficulty starting a pregnancy even after one year of trying?

C SMOKING Does this person presently smoke cigarettes daily? Mark X for either yes or no

If yes, answer questions below.

If no, answer questions below.

▽ () yes

At what age did this person start smoking cigarettes daily?

Started at age ____

About how many cigarettes does this person now smoke each day?

Number of cigarettes smoked each day now ____

▽ () no

What experience with cigarettes has this person had ... Mark only one answer with an X.

() Never smoked

() Now smokes occasionally

() Used to smoke occasionally

() Used to smoke daily

About how many cigarettes did this person usually smoke daily? (Less than 1 cigarette per day = 0)

Used to smoke ____ cigarettes daily.

ANSWER THIS SECTION ONLY IF THIS PERSON IS UNDER AGE 16

this person weigh less than 5 pounds ounces (2500 grams) at birth?

() yes () no

this person have any birth defects which were present at birth or discovered later in the child's life?

() yes () no

yes, please describe:

this person ever had problems with normal child development in terms of physical growth or development?

() yes () no

this person ever received any of the following types of special education or special teaching? (Including part-time or full-time) Circle YES for all that apply. Education or teaching for children who are ...

3 Perceptually handicapped

3 Mentally retarded

3 Emotionally or behaviourally disturbed

ANSWER THIS SECTION FOR ALL ADULTS AGE 16 OR OVER (For statistical groupings only.)

What is the usual occupation of this person?

Mark an X in the brackets beside the category that best describes this person.

White Collar () Unemployed

Blue Collar () Retired

Housewife () Student

What is the last grade of school, college or university this person completed?

Circle the category that best describes person.

3 4 5 6 7 8 9 10 11

13 some college completed college or university or university

F ANSWER THIS SECTION ONLY IF THIS PERSON IS AN ADULT FEMALE AGE 16 OR OVER

This question applies only to adult females age 16 and over who have ever been pregnant -- including all pregnancies which resulted in either live births, stillbirths, miscarriages or abortions. How many times has this person ended a pregnancy since 1968?

_____ pregnancies ended since 1968

In what year did each pregnancy end? Write the years in the chart below. List in order starting with the most recent first.

For each pregnancy, circle the appropriate letter in the chart to describe the end result of that pregnancy. The possible letters and their corresponding results are:

A- Live Birth

D- Abortion

B- Miscarriage

E- Live at Birth but Died

C- Stillborn (Dead at Delivery)

Later

F- Other Result

ENTER YEAR ENDED	RESULT Circle one letter for each pregnancy			Describe any birth defects or cause of death if applicable
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	
19__	A	B	C	
	D	E	F	

G PLEASE TURN THE PAGE AND CONTINUE FOR ANOTHER PERSON IN YOUR HOUSEHOLD.

Please use the space below for your comments.

[illegible]

Please return the questionnaire in the stamped reply envelope.

APPENDIX B: ANNOUNCEMENT LETTERS FOR PERSONAL INTERVIEWS

Letter #

#1	PI:27-3(1)	Original letter mailed to groups 1, 2, 3, 4, 5, 6, 7
#2	M: 18-4(1)	Original letter mailed to group 8 (movers)
#3	PI:4-5(2)	First version of reassurance letter mailed to all "mild" refusals
#4	PI:29-6(3)	Second version of reassurance letter mailed to "mild" refusals in groups 1, 2, 3, 4, 5, 6, 7
#5	M:29-6(4)	Second version of reassurance letter mailed to "mild" refusals in group 8

UPPER OTTAWA STREET LANDFILL SITE STUDY

Chairman:

Dr. Arthur N. Bourns

20 Jackson Street West

Suite 412

Hamilton, Ontario

L8P 1L2

Committee Members:

Dr. Dennis R. McCalla

A. L. (Sandy) McCallion

Dr. James B. Osbaldeston, M.D.

Research Director:

Anne Koven

Dear Hamilton Resident:

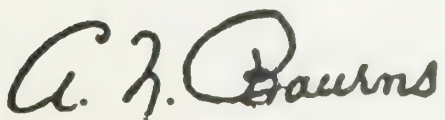
The Upper Ottawa Street Landfill Study Committee, which was appointed by the Ministry of Health, is carrying out a health study of Hamilton residents. This Committee was formed in response to public concern and at the request of the Regional Government of Hamilton-Wentworth. Our purpose is to study the health of persons who live at various distances from the Upper Ottawa Street Landfill Site.

An interviewer from Hamilton Opinion Research Centre will soon contact you (probably by telephone) to set up an appointment for an interview. We wanted to let you know about the telephone call and subsequent visit so that you would not mistake our interviewer for a salesperson. Each of the employees carries an employee identification card and will be pleased to show it to you.

In our survey we are not interested in identifying the answers of any particular person. Please be assured that your answers will remain anonymous and confidential. No information is ever released about the contents of a single interview and only the combined responses of all residents will be reported. Individual responses will not be forwarded to anyone.

We think you will find the interview interesting and pleasant and hope that you will agree to participate in this important investigation. If you have any questions, please ask your interviewer.

Sincerely,



Dr. A. N. Bourns
Chairman

AB/pg
File PI: 27-3(1)

UPPER OTTAWA STREET LANDFILL SITE STUDY

Chairman:

Dr. Arthur N. Bourns

20 Jackson Street West

Suite 412

Hamilton, Ontario

L8P 1L2

Committee Members:

Dr. Dennis R. McCalla

A. L. (Sandy) McCallion

Dr. James B. Osbaldeston, M.D.

Research Director:

Anne Koven

Dear Resident:

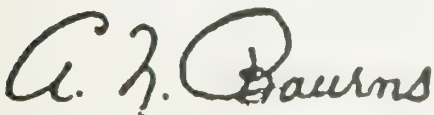
The Upper Ottawa Street Landfill Study Committee, which was appointed by the Ministry of Health, is carrying out a health study of Hamilton residents. This Committee was formed in response to public concern and at the request of the Regional Government of Hamilton-Wentworth. Our purpose is to study the health of persons who lived, at one time or another, near the Upper Ottawa Street Landfill Site.

An interviewer from Hamilton Opinion Research Centre will soon contact you (probably by telephone) to set up an appointment for an interview. We wanted to let you know about the telephone call and subsequent visit so that you would not mistake our interviewer for a salesperson. Each of the employees carries an employee identification card and will be pleased to show it to you.

In our survey we are not interested in identifying the answers of any particular person. Please be assured that your answers will remain anonymous and confidential. No information is ever released about the contents of a single interview and only the combined responses of all residents will be reported. Individual responses will not be forwarded to anyone.

We think you will find the interview interesting and pleasant and hope that you will agree to participate in this important investigation. If you have any questions, please ask your interviewer.

Sincerely,



Dr. A. N. Bourns
Chairman

AB/pg

File M: 18-4(1)

UPPER OTTAWA STREET LANDFILL SITE STUDY

Chairman:

Dr. Arthur N. Bourns

20 Jackson Street West

Suite 412

Hamilton, Ontario

L8P 1L2

Committee Members:

Dr. Dennis R. McCalla

A. L. (Sandy) McCallion

Dr. James B. Osbaldeston, M.D.

Research Director:

Anne Koven

Re: Residents' Health Study

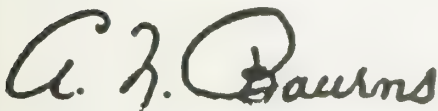
A few weeks ago we sent a letter to you about the health survey we are doing in your neighbourhood. Our interviewer has called upon your household but, unfortunately, has not been able to complete an interview at your address.

We are writing to you to let you know that one of our interviewers will soon be calling again. Let us reassure you of our good faith and the integrity of our research interviewer. During the interview, if there are any questions you would rather not answer, just tell the interviewer and she will skip over them.

Just in case the original letter was lost in the mail, we are enclosing another copy for you. If you have any questions, please ask your interviewer.

We hope that it will be more convenient for you when our interviewer calls again. We look forward to completing the interview since it is important for our study to obtain an accurate and complete picture of the residents' health in the general community.

Sincerely,



Dr. A. N. Bourns

Chairman

AB/pg

File PI: 4-5(2)

UPPER OTTAWA STREET LANDFILL SITE STUDY

Chairman:

Dr. Arthur N. Bourns

20 Jackson Street West
Suite 412
Hamilton, Ontario
L8P 1L2

Committee Members:

Dr. Dennis R. McCalla
A. L. (Sandy) McCallion
Dr. James B. Osbaldeston, M.D.

Research Director:

Anne Koven

Dear Hamilton Resident:

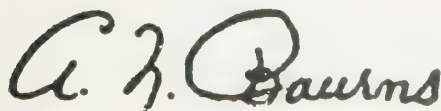
A few weeks ago we sent you a letter about the health survey we are doing in your neighbourhood. Our interviewer has called on your household but, unfortunately, has not been able to complete an interview at your address.

We are writing to you to let you know that one of our interviewers will soon be calling again. We would like to stress how important your participation in our study might be; whether or not you live near the Upper Ottawa Landfill and whether or not you feel your health is good. This study is one of several across Canada which is examining the way in which chemicals in the environment may affect health. A great deal of effort is being put into this study because the results will be very important in deciding how to maintain a clean and safe environment for everyone in the future.

Let us reassure you of our good faith and the integrity of our research interviewer. During the interview, if there are any questions you would rather not answer, just tell the interviewer and she will skip over them. A copy of the first letter we sent to you is enclosed for your information.

We hope that it will be more convenient for you to be interviewed this time when our interviewer calls back.

Sincerely,



Dr. A. N. Bourns
Chairman

AB/pg

Encl.

File PI: 29-6(3)

UPPER OTTAWA STREET LANDFILL SITE STUDY

Chairman:

Dr. Arthur N. Bourns

20 Jackson Street West

Suite 412

Hamilton, Ontario

L8P 1L2

Committee Members:

Dr. Dennis R. McCalla

A. L. (Sandy) McCallion

Dr. James B. Osbaldeston, M.D.

Research Director:

Anne Koven

Dear Resident:

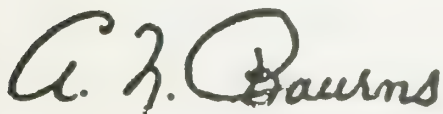
A few weeks ago we sent you a letter about the health survey we are doing in your neighbourhood. Our interviewer has called on your household but, unfortunately, has not been able to complete an interview at your address.

We are writing to you to let you know that one of our interviewers will soon be calling again. We would like to stress how important your participation in our study might be; whether or not you live near the Upper Ottawa Landfill and whether or not you feel your health is good. This study is one of several across Canada which is examining the way in which chemicals in the environment may affect health. A great deal of effort is being put into this study because the results will be very important in deciding how to maintain a clean and safe environment for everyone in the future.

Let us reassure you of our good faith and the integrity of our research interviewer. During the interview, if there are any questions you would rather not answer, just tell the interviewer and she will skip over them. A copy of the first letter we sent to you is enclosed for your information.

We hope that it will be more convenient for you to be interviewed this time when our interviewer calls back.

Sincerely,



Dr. A. N. Bourns
Chairman

AB/pg

Encl.

File M: 29-6(4)

APPENDIX C: INSTRUMENTS FOR PERSONAL INTERVIEWS

- Interviewer Manual
- The Questionnaire
- Page 1 version of Questionnaire for group 8
- Cover Sheet (groups 1 to 7)
- Cover Sheet (group 8)
- Household Listing
- Respondent Booklet
- Condition Sheet
- Consent Form

Hamilton Opinion Research Centre Ltd.
33 King Street East - Suite 10
DUNDAS, Ontario
L9H 5R1 (416) 627-9293
Landfill Study Office (416) 524-2434

INTERVIEWER MANUAL
Upper Ottawa Street Landfill
Residents Health Study
Spring 1984

A. COMMONLY ASKED QUESTIONS

1. What's the study about?

This is a health study and the purpose is to compare the health patterns of persons who have lived, at one time or another, near the Upper Ottawa Street Landfill with that of persons who live at various distances from the landfill site.

2. Who's doing the study?/ Why are you doing the study?

The study is being done by the Upper Ottawa Street Landfill Study Committee which was appointed by the Ontario Ministry of Health in response to public concern and at the request of the Regional Government of Hamilton-Wentworth.

3. Who is on the Study Committee?

Dr. Arthur Bourns is the Chairman; he is the former President of McMaster University. Other members are Dr. Goldberg, Dr. McCalla, Dr. Osbaldeston, Sandy McCallion, and Dr. David Muir. *Anne Koven is the Research Director and Dr. Clyde Hertzman is a Consultant.*

4. Does the City/Region/Residents' Association know about this study?

Yes, the study has the support and encouragement of the Municipal Governments, the Upper Ottawa Street Residents' Association as well as the Union of Public Employees.

5. I don't live near the Upper Ottawa Site -- why interview me?

It is important for this study to make a comparison. The study will compare the health patterns of people living close to the Landfill Site with people living further away from the site.

6. My health is fine; you won't learn much from talking with me.

We need to talk to those persons whose health is good as well as those whose health is poor in order to get an accurate picture of the whole area, both the "sick" and the "healthy". Therefore, your answers are just as important as other people who might have health problems.

7. How did you get my name? How did you pick me?

The households included in the sample have been obtained from local assessment rolls and were selected specifically for this health research study.

8. Will interviews be done all over Hamilton?

No. The interviews will be with persons who live at various distances from the Upper Ottawa Street Landfill Site.

9. How can I be sure the information will be confidential?

Only first names or initials will appear on the questionnaire and, therefore, your answers will remain anonymous as well as strictly confidential. No person is ever identified in our reports. Your answers will be combined with the answers of other persons and will be presented as statistics. For example, we might say "fifteen percent of the people reported such and such".

10. If everything is confidential, why are you asking me about the names of the people, how old they are, and so on?

We need to know who lives here because we need to get a total picture of all people living in the area. By knowing the first name, I'll be able to refer to each person when I record the answers -- you can just give me an initial if you like.

By knowing certain facts such as age or sex we will be able to present the findings of the study in statistical form such as "Twelve percent of females under age 16 felt this way and twenty percent felt that way and so on".

11. Is there anything already to show that living near the Landfill led to health problems?

The Committee is actually studying that right now and this interview is part of that overall study. The purpose of this study is to investigate whether there are any possible health effects that might be associated with the Landfill.

12. I am satisfied with my medical care; I have a doctor who takes good care of me.

That's good, but it is important to the study that we interview people like you so that we can compare your answers to answers of other people who might feel differently. If we only interviewed people who were not (satisfied/feeling well) we would not have an accurate picture of the area.

13. I am not feeling well; I'm not up to an interview.

Well, we could interview someone else in your household or I can call you back in a few days when you might be feeling better.

14. Why don't you talk to my husband instead?

I could, but we prefer to interview the female head of the household. We have found that women tend to remember a little more about their own health patterns as well as about the health patterns of other members of the household.

15. Can my husband be present for the interview?

Yes, but we would prefer to conduct the interview with only one person present since I can record only one answer for each question. It would be difficult for me if I have different answers for the same question. *If 2 or more people present, record the answer of the female head of household.*

16. Can I get a copy of the report? Will I hear about the results?

It will take six months to gather all the data and a number of months after that to analyze the information. Following that a report will be prepared and the findings will be made public.

17. How long will the interview take?

It depends somewhat on how much we find to talk about and also on how many persons are living in your household. The time varies from person to person. In some households the interview may take only an hour to complete. In households with large families the interview may take up to 2 hours to complete. *Be realistic -- do not underestimate the time. The interviewer may wish to probe for household size in order to estimate the time.*

18. Is this the same as the SWARU (Solid Waste Reduction Unit) and didn't City Council postpone it?

No. The SWARU is a facility in the north-east end of Hamilton. We understand that one of the reasons City Council postponed a decision regarding a study there was that they wanted a chance for this study to be completed first.

9. What are they going to use the statistics for?
What are you going to do if you find anything?
Will anything good come out of this?
Will the government be honest about the information you collect?

The results of the study will be submitted to the Ontario Minister of Health and the findings will be made public. The Committee is free to make any recommendations it feels are necessary depending upon what is found.

B. CONSENT FOR THE INTERVIEW

Consent is received implicitly when you make the appointment. By agreeing to be interviewed, the respondent gives consent. No need to ask the respondent if he/she "consents". Just say you would like to arrange a convenient time for the interview. If respondent does not wish to participate, ask the respondent if he/she has any questions concerning the survey. Try to answer such questions. If you cannot, tell the respondent that if he/she wishes, one of the researchers or Mr. Nick Sidoruk will be happy to call and discuss the survey with the respondent. When reasons are given for not wishing to participate, make a note of these on the cover sheet and describe them briefly. If no reason is volunteered for non-participation, you should ask, "Why do you not wish to be in the survey?"
We need to explain refusals.

C. ELIGIBILITY -- MOVED IN -- MOVED OUT

1. When establishing contact over the telephone, confirm the address. If the address is still the same -- take the interview.
2. If the contact person (the name on the label) has moved, but other members of (his/her) household or family are still at that address, take the interview at the assigned address -- not with the person who moved.
3. If the name on the label indicates a male and if there is a female in the household who may be equally or more knowledgeable about the health of members of the household, take the interview with the female.
4. If the household (entire family) identified in our sample has MOVED away, DO NOT COMPLETE AN INTERVIEW. If you can locate a new address via neighbour, post office, phone book, from the new resident of that household, or, from the respondent personally (via telephone), record the new address on the cover sheet but do not complete an interview. If the household has MOVED they are NOT ELIGIBLE AT THIS TIME. However, they still may be contacted later. The office will review the new address to determine if the household will get a personal interview, a mail questionnaire, or will be declared totally not eligible for the study. This will be decided after the cover sheet is returned to the office.
5. We cannot accept the new people who have moved into the address on your listing.

D. DEFINITION OF THE HOUSEHOLD

The household listing you have been provided with should be used only as a guide. If you discover new or different people living in the household they should be included as part of the household -- provided that at least one person on your listing still lives there. However, we cannot accept -- as a substitute -- an entirely new household which has moved into the address on your listing. In other words, there may be NO TOTAL SUBSTITUTE but there may be substantial additions or deletions. In particular for household I.D.'s starting with 5xxx or 6xxx, we know the household listings you have been provided with are grossly incomplete.

D. DEFINITION OF THE HOUSEHOLD (continued)

There may be some difficulty in deciding the limits of household membership in cases where a single dwelling has been partitioned. Assume that the occupants of a basement or upper floor apartment which has a separate entrance are not part of the main household. For example, if the tenant identified in the sample is the occupant of a basement apartment, the household of interest does not include the occupants of the main part of the house. Similarly, if an upper floor apartment has a separate entrance and the tenant on the sample list is the occupant of the ground floor (and, likely, the owner of the house), the sampled household does not include the occupants of the upper floor. Conversely, a person who is unrelated to an identified tenant, but has a room within the same dwelling, (i.e. uses the same washroom and/or cooking facilities) is to be considered part of the sampled household.

Where there is doubt, include all individuals concerned in the sample household. However, we expect each subdivided unit will appear separately in our sample.

E. RULES FOR SELECTION OF RESPONDENT WITHIN HOUSEHOLD

If the female head is unavailable for interview or there is no female head, the tenant should be interviewed. In cases where the household is made up of an extended family, the following preference list is to be used:

1. Female head
2. Tenant/head of household (if not female head)
3. Maternal Grandmother
4. Paternal Grandmother
5. Maternal Grandfather
6. Paternal Grandfather
7. Married children of head of household 18 years and older; females first, oldest available
8. Unmarried children of head of household 18 years and older; females first, oldest available
9. Other relatives of head of household, either by blood or marriage, females first, oldest available.

In cases where the household is made up of unrelated adults, use the following preference list:

1. Tenant
2. Other adult 18 years and older; females first, then by longest period of residence in household.

F. CALL BACKS

If a phone number is missing or out of service, try the door of the address when you are in the area. We must make 4 call backs for every household before the case is closed. Phone calls have no limit. Hamilton Opinion Research Centre will not be able to provide you with more up-to-date information -- either addresses or telephone numbers.

We will mail a second announcement letter or, if necessary, a reassurance letter.

G. INTERPRETERS

We must make every attempt to maximize the number of completions. There will be no new or substitute names for this study. Where there is a language problem, try to get another family member to interpret the questionnaire. Take age into account -- some words may be too advanced and some topics (reproduction) may be too sensitive to allow young interpreters.

Only if absolutely necessary, call H.O.R.C. once the language has been determined. We will try to arrange for an interpreter to accompany you to the interview. We need all the completions we can get!

H. MATERIALS (Bring the following to each interview)

It is advisable to always take a supply of drop off cards with you.

- a) Interviewer Manual and Announcement Letter attached
- b) Household Listing
- c) Cover Sheet
- d) Main Questionnaire (2 copies)
- e) Respondent Booklet
- f) Condition Sheets (75 sheets)?
- g) Pregnancy forms (3 copies)?
- h) Consent Forms (8 copies)?
- i) Employee I.D. card
- j) Pencils (2)
- k) Pen
- l) Large Brown Envelope
- m) Laminated interviewer page -- Conditions at Birth

Household size will guide you regarding the quantity of supplies you will need.

I. THE QUESTIONNAIRE

1. Everything in regular type is to be read out. Anything typed in italics is not to be read; these will be interviewer instructions or response categories.
2. Be sure to fill in the inside back cover of the questionnaire after you leave.
3. The questionnaire contains 7 columns across to allow enough space to record information about 7 persons in the household. Always take 2 copies of the questionnaire with you in case there are more than 7 persons in the household or in case there is a page missing in the questionnaire.
4. Take care with skip patterns. (We do not want to ask pregnancy questions about 7 year old boys.)
5. There must be something recorded for every question.
6. For this study NA means NOT ASKED. It does not mean our usual "not applicable".
7. Probe for "Don't Know's" -- "If you had to guess, what would you say?" "Could you take a minute and think about it?"

I. THE QUESTIONNAIRE - continued

8. Large 9's or 8's would be acceptable for large skips in lieu of "X" in all the brackets (X) 9 NA.
9. On the large series of 135 conditions, if the Respondent is unsure if the condition disappeared before or after 1972, treat as "YES".
10. Edit thoroughly for completeness when you get home.

J. COVER SHEET

Record all calls made and results -- even if only a telephone call and "no answer".

We need detailed information for every household for which we failed to complete an interview.

We will provide back-up support for mild or tentative refusals, eg. a second reassurance letter will be mailed; a different interviewer will make the next contact; an interpreter will call; the respondent can phone H.O.R.C. or the Better Business Bureau to check that the study is legitimate.

Please use your superb skills and excellent talents to minimize the requests for back-up support -- but we are there if you need us.

K. HOUSEHOLD LISTING

This listing is about a year old but it is the best we have. If there are more, less, or different people in the household, take what you can get -- keeping in mind we don't want an entirely different family.

L. RESPONDENT BOOKLET

Be sure to retrieve the Respondent Booklet at the end of the interview.

Try to prevent the Respondent from looking ahead in the booklet. You might gently say something like, "some of the pages may not apply for this interview; if you close the booklet, I'll let you know which page to turn to when we need the booklet".

M. CONDITION SHEETS (Household and Person I.D.'s are critical)

The condition sheets are to be filled out after the entire 135 conditions have been asked about. We need one filled out for every condition reported.

Make sure all the I.D.'s are on all the sheets. Person I.D.'s are critical.

N. PREGNANCY FORMS (Household and Person I.D.'s are critical)

Each form allows us to record up to 7 pregnancies for every female in the household age 16 or over who has started at least one pregnancy. Note there are two pages to the form for each pregnancy. Two forms appear in the questionnaire. You should take extra loose ones

O. CONSENT FORMS (Household and Person I.D.'s are critical)

If a household member has seen a doctor or been hospitalized for any health conditions, you will have put a check mark on the tab for that person I.D. to remind you to record these names on the consent form.

If a local doctor has been seen, record the name and address of the doctor on the consent form.

If the Respondent has been hospitalized, record the name and address of the hospital.

Every person age 18 or over must give his or her own signed consent.

After the interview, ask the female head to give consent for her chart first. Secondly, ask the female head to give signed consent for all persons under age 18 for whom she is the parent or guardian. Thirdly, leave consent forms to be signed by other members of the household age 18 and over and set an appointment for you to return and retrieve the signed consent. You will be on the same block in the neighbourhood (tomorrow?) soon.

We need a signed consent form for everyone who has seen a local doctor for any reason -- even if the person did not see a doctor for any of our 135 conditions. We do not need a signed consent form for persons who have never seen a local doctor.

If a consent form is not signed, record the reason on the blank consent form showing the Household I.D. and the Person I.D. We need one consent form returned for every person of the household -- even if it is not signed.

Try to be as reassuring as possible. See the prompts on the last page of the questionnaire.

The Respondent may choose to restrict consent to only some physicians or from 1968 (1972) to the present. Although this is not desirable, it is acceptable if the alternative is a total refusal. Similarly, signed consent for 1 person is preferable to signed consent for zero persons.

O. CONSENT FORMS (continued)

The "witness" is the person observing the signing of the form. This will be the interviewer when she is present. For consent forms which are left behind to be retrieved later, ask the Respondent to sign as the witness for the spouse or other absent adults.

For consent forms which are not retrieved, make use of telephone call backs to set up an appointment.

Do not accumulate completed questionnaires at home while waiting to retrieve outstanding consent forms. Hand in your complete work and record the number of outstanding consent forms on the cover sheet. Keep a record for yourself so that 2 weeks later you can bring in the remaining forms. (We need to keep the coding and keypunch process going, so please do not stockpile completions at home.)

UPPER OTTAWA STREET LANDFILL SITE STUDY

Chairman:

Dr. Arthur N. Bourns

20 Jackson Street West
Suite 412
Hamilton, Ontario
L8P 1L2

Committee Members:

Dr. Dennis R. McCalla
A. L. (Sandy) McCallion
Dr. James B. Osbaldeston, M.D.

Research Director:

Anne Koven

Dear Hamilton Resident:

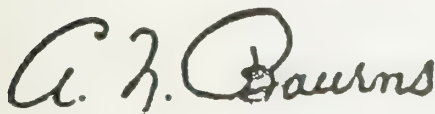
The Upper Ottawa Street Landfill Study Committee, which was appointed by the Ministry of Health, is carrying out a health study of Hamilton residents. This Committee was formed in response to public concern and at the request of the Regional Government of Hamilton-Wentworth. Our purpose is to study the health of persons who live at various distances from the Upper Ottawa Street Landfill Site.

An interviewer from Hamilton Opinion Research Centre will soon contact you (probably by telephone) to set up an appointment for an interview. We wanted to let you know about the telephone call and subsequent visit so that you would not mistake our interviewer for a salesperson. Each of the employees carries an employee identification card and will be pleased to show it to you.

In our survey we are not interested in identifying the answers of any particular person. Please be assured that your answers will remain anonymous and confidential. No information is ever released about the contents of a single interview and only the combined responses of all residents will be reported. Individual responses will not be forwarded to anyone.

We think you will find the interview interesting and pleasant and hope that you will agree to participate in this important investigation. If you have any questions, please ask your interviewer.

Sincerely,



Dr. A. N. Bourns
Chairman

AB/pg
File PI: 27-3(1)

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Household I.D.

UPPER OTTAWA STREET

LANDFILL SITE

RESIDENTS' HEALTH STUDY

HOUSEHOLD QUESTIONNAIRE

Notes:

1. Local Area for Physicians and Hospitals includes Hamilton, Ancaster, Dundas, Stoney Creek, Flamborough, Glanbrook, Burlington and Grimsby only.
(For Condition Sheets, Pregnancy Form, and Consent Form)

2. Key years: 1972 - Condition Sheets Start
1968 - Pregnancy Form Starts
1968 - Check for age 16 skip patterns
1966 - Check for age 18 own consent required

Most residential development near the landfill started in 1972
To get a more complete understanding of children under age 16,
that is pregnancies started since 1968.)

Person I.D.	
0	1
Name/initial _____	
Birth 19 _____	
Year _____	
Age _____	
M circle F	
Consent <input type="checkbox"/>	

Interviewer: Read out regular type only.

Do NOT read out words in italics.

Hello, my name is _____. (I telephoned you earlier to arrange this time for an interview.) You have probably received a letter informing you of my visit and describing the Residents' Health Study we are conducting for the Upper Ottawa Street Landfill Study Committee, which is funded by the Ontario Ministry of Health.

We think you will find the questions interesting and pleasant. Of course, the interview is voluntary and if we should come to any question you don't want to answer, just let me know and we'll skip over it. Let me reassure you that your answers will remain completely anonymous and be kept in the strictest confidence.

1. Including yourself, how many persons are presently living in this (home/apartment) -- we want you to include anyone who is normally part of the household but who might be away right now at college, on vacation, in hospital, or living temporarily someplace else.

number

2. Would you give me their first names or initials? RECORD ABOVE IN LISTING. Use column #1 for Respondent and probe for age and sex. Could you tell me the year of birth for each person.

--	--	--	--

Household I.D.

0	0
---	---

Person

0	1
---	---

Rectype

0	1
---	---

Card

--	--

Q1-Coder

3. Since the time you or any of these other people first moved into this neighbourhood, has anyone else ever lived with you for any period of time and then moved or passed away? Do not include any of the people you have just mentioned.

() 1. yes -- GO TO Q.4

() 2. no
() 7. Ref
() 8. DK

GO TO
X
BELOW

Neighbourhood means within a
10 block radius from this
(home/apartment).

4. Could you tell me their first names or initials as well as the year these people first moved in and the year they moved out or passed away? Interviewer: Fill in the chart below. Record deceased first.

Name/ Initial	4a Sex	4b Year Moved IN	4c Moved Out OR Died	4d YEAR Died Moved OUT	4e <u>If Applicable:</u> Do you happen to know the cause of death?
#1	() 1. Male () 2. Female	19 ____	() 1. moved () 2. died	19 ____	
#2	() 1. Male () 2. Female	19 ____	() 1. moved () 2. died	19 ____	
#3	() 1. Male () 2. Female	19 ____	() 1. moved () 2. died	19 ____	
#4	() 1. Male () 2. Female	19 ____	() 1. moved () 2. died	19 ____	
#5	() 1. Male () 2. Female	19 ____	() 1. moved () 2. died	19 ____	

4f. Altogether, how many have moved
or passed away?

--	--

Record Cause of Death
but do not code

X -- READ TO EVERYONE

Throughout this interview when we use the word household we have a special meaning. By household we mean those # from Q1 persons you told me about in the first question. The rest of the interview will be about you, repeat names or initials on the top listing.

Coder -- For this Rectype
go to page 60, Q63

5. In what year did each member of the household first move into this (home/apartment)?

6. *Hand Booklet to Respondent.* Could you turn to Page 1 in this booklet please. Before living at this present address, did any member of your household ever live in either of the two zones marked on this map?

You might like to turn the map sideways.

1- - - - GO TO
() 2 NO Q7

() 1. Yes
Zone #1

From 19

To 19

Zone #2

From 19

To 19

Yes - - PROBE - - 6a. Which zone was that?

6b. When was that?

Note: If anyone moved more than once within the same zone, record the very first and very last years only and make a note.

() 2. No

() 7. Ref

() 8. DK

ASK EVERYONE

7. Please turn to Page 2 in your booklet.

Here is a list of long term health problems. I'll read through the list with you. For each one that I mention, just say "yes" if anyone in the household presently has that particular problem or condition. (*Identify household member.*)

Check all that apply for everyone.

Coder Only

Calculation:

Yrs. Zone 1

Yrs. Zone 2

I.D.1 or 2=Z1

I.D.3 or 4=Z2

See Q5 & Q6a

Yrs. Zone 1+2

Tot.

1. Anemia (024)	() 2 NO	# 1. () 1 Yes () 2 No
2. Skin allergies (any 062-072)	() 2 NO	# 2. () 1 Yes () 2 No
3. Hayfever or other allergies (005; 044)	() 2 NO	# 3. () 1 Yes () 2 No
4. Asthma (006)	() 2 NO	# 4. () 1 Yes () 2 No
5. Arthritis or rheumatism (113)	() 2 NO	# 5. () 1 Yes () 2 No
6. Cancer (061; 116)	() 2 NO	# 6. () 1 Yes () 2 No
7. Cerebral Palsy (087; 091-099; 125)	() 2 NO	# 7. () 1 Yes () 2 No
8. Diabetes (045)	() 2 NO	# 8. () 1 Yes () 2 No
9. Emphysema or chronic bronchitis (002; 003)	() 2 NO	# 9. () 1 Yes () 2 No
10. Mental retardation (104)	() 2 NO	# 10. () 1 Yes () 2 No
11. Any emotional disorders excluding mental retardation (101-103; 105-109; 126-127)	() 2 NO	# 11. () 1 Yes () 2 No

Listing continued on next page.

7. Continued from previous page.

12. Epilepsy (086; 087)	() 2 NO	#12. () 1 Yes () 2 No
13. High blood pressure (018)	() 2 NO	#13. () 1 Yes () 2 No
14. Heart disease (014-021)	() 2 NO	#14. () 1 Yes () 2 No
15. Kidney disease (030-035; 037-043)	() 2 NO	#15. () 1 Yes () 2 No
16. Stomach ulcer (049)	() 2 NO	#16. () 1 Yes () 2 No
17. Thyroid trouble or goitre (083-085)	() 2 NO	#17. () 1 Yes () 2 No
18. Recurring migraine headaches (088)	() 2 NO	#18. () 1 Yes () 2 No
19. Paralysis of any kind (093)	() 2 NO	#19. () 1 Yes () 2 No
20. Excluding any health problems mentioned earlier such as arthritis or paralysis, does anyone in this household presently have serious trouble with the back, spine, legs, hips, arms, shoulders, other joints, or other bones? (many categories apply)	() 2 NO	#20. () 1 Yes () 2 No

8. Does anyone in your household now smoke cigarettes daily?

Yes - Probe

() 1. yes-Q8a
() 2. no -Q8c
() 7. Ref
() 8. DK

() 2 NO
Ref GO
DK TO
Q8c

8a. At what age did _____ start smoking cigarettes daily?

_____ age start

8b. About how many cigarettes does _____ now smoke each day?

_____ number

Small package = 20 cigarettes
Large package = 25 cigarettes
One carton = 200 cigarettes

GO TO Q9

8. c. What experience with cigarettes has (name of non-smoker) had, would you say _____ never smoked, now smokes occasionally, used to smoke occasionally, or, used to smoke daily?

(most recent pattern if more than 1 answer is given)

() 1. never-Q9
() 2. now occasionally
() 3. used to occasionally
() 4. used to daily
() 7. Ref
() 8. DK
() 9. NA

8. d. About how many cigarettes (during the heaviest period) did _____ usually smoke daily?
(Less than 1 cigarette per day = 00)

_____ (00-Q9)
number

[illegible]

8. e. At what age did _____ first start smoking daily?

_____ age start

8. f. At what age did _____ stop smoking daily?
(the last time)

_____ age stop

ASK EVERYONE

9. Do any members of your household now smoke
either pipes, cigars, or cigarillos daily?

|
() 2 NO

() 1. yes
() 2. no
() 7. Ref
() 8. DK

ASK EVERYONE

10. Please turn to Page 3 in your booklet. These next questions are about experiences with alcohol. They apply only to members of your household age 16 and over. The table on Page 3 might help you to answer some of these questions.

In the last 12 months, about how often has _____ taken at least one drink of beer, wine, liquor, or any other alcoholic beverage?

() 01. Two or more times a day

ONE DRINK EQUALS

- one pint bottle of beer (12 ounces)
- one small glass of wine (4 ounces)
- one shot of liquor or spirits
(1-1½ ounces) with or without mix

A shot with a beer chaser or a double should be counted as 2 drinks.

We are interested in
a total picture of
the patterns of health
of people.

|
() 09.
| NO ONE DRINKS
| CODE 09
|_____

() 02. Once a day

() 03. 4 to 6 times a week

() 04. 2 or 3 times a week

() 05. about once a week

() 06. 2 or 3 times a month

() 07. about once a month

() 08. less often than once a month

() 09. not at all in the last 12 months

() 77. Ref

() 88. DK - Probe - If you had to guess, what would you say?

() 09. Does Not Drink OR Not Asked

<u>age start</u>	<u>age start</u>	<u>age start</u>	<u>age start</u>	<u>age start</u>	<u>age start</u>
<u>age stop</u>	<u>age stop</u>	<u>age stop</u>	<u>age stop</u>	<u>age stop</u>	<u>age stop</u>
()1.yes ()2.no ()7.Ref ()8.DK	()1.yes ()2.no ()7.Ref ()8.DK	()1.yes ()2.no ()7.Ref ()8.DK	()1.yes ()2.no ()7.Ref ()8.DK	()1.yes ()2.no ()7.Ref ()8.DK	()1.yes ()2.no ()7.Ref ()8.DK
()01.Two or more times a day ()02.Once a day ()03.4 to 6 times a week ()04.2 or 3 times a week ()05.about once a week ()06.2 or 3 times a month ()07.about once a month ()08.less often than once a month ()09.not at all in the last 12 months ()77. Ref ()88. DK - Probe - If you had to guess, what would you say? ()09.Does Not Drink OR Not Asked	()01.Two or more times a day ()02.Once a day ()03.4 to 6 times a week ()04.2 or 3 times a week ()05.about once a week ()06.2 or 3 times a month ()07.about once a month ()08.less often than once a month ()09.not at all in the last 12 months ()77. Ref ()88. DK - Probe - If you had to guess, what would you say? ()09.Does Not Drink OR Not Asked	()01.Two or more times a day ()02.Once a day ()03.4 to 6 times a week ()04.2 or 3 times a week ()05.about once a week ()06.2 or 3 times a month ()07.about once a month ()08.less often than once a month ()09.not at all in the last 12 months ()77. Ref ()88. DK - Probe - If you had to guess, what would you say? ()09.Does Not Drink OR Not Asked	()01.Two or more times a day ()02.Once a day ()03.4 to 6 times a week ()04.2 or 3 times a week ()05.about once a week ()06.2 or 3 times a month ()07.about once a month ()08.less often than once a month ()09.not at all in the last 12 months ()77. Ref ()88. DK - Probe - If you had to guess, what would you say? ()09.Does Not Drink OR Not Asked	()01.Two or more times a day ()02.Once a day ()03.4 to 6 times a week ()04.2 or 3 times a week ()05.about once a week ()06.2 or 3 times a month ()07.about once a month ()08.less often than once a month ()09.not at all in the last 12 months ()77. Ref ()88. DK - Probe - If you had to guess, what would you say? ()09.Does Not Drink OR Not Asked	()01.Two or more times a day ()02.Once a day ()03.4 to 6 times a week ()04.2 or 3 times a week ()05.about once a week ()06.2 or 3 times a month ()07.about once a month ()08.less often than once a month ()09.not at all in the last 12 months ()77. Ref ()88. DK - Probe - If you had to guess, what would you say? ()09.Does Not Drink OR Not Asked

11. These next questions are about activities that any member of your household might have done in the area of the Upper Ottawa Street Landfill.

On Page 4 of your booklet, there is a map of the general area. It might be easier to turn the map sideways.

Between 1976 and 1980, that is before the Landfill Site was fenced off, did any member of your household do any of the following activities more than 20 times in total for that 5 year period?

What about

a. Fishing in the Red Hill Creek? (20 times?)	() 2 NO	() 1. yes () 2. no () 7. Ref () 8. DK
b. Cooking with water from the Red Hill Creek or Albion Falls areas or swimming in these areas? (20 times?)	() 2 NO	() 1. yes () 2. no () 7. Ref () 8. DK
c. Doing other recreational activities in the Red Hill Creek? (20 times?)	() 2 NO	() 1. yes () 2. no () 7. Ref () 8. DK
d. Tobogganing, cross country skiing, or doing other activities during the winter -- in the shaded area on the map? (20 times?)	() 2 NO	() 1. yes () 2. no () 7. Ref () 8. DK
e. Playing baseball, hiking, walking the dog or doing any other recreational activities -- at other times during the year -- in the shaded area on the map? (20 times?)	() 2 NO	() 1. yes () 2. no () 7. Ref () 8. DK

Coder - For next Rectype, go to Q13a; b; c on Page 12.

Coder:

RECTYPE
ends Col.73

[illegible]

INTERVIEWER NOTE FOR PAGES 10 - 34:

Interviewers are not permitted to offer descriptions or explanations of conditions.

Once a condition is recorded - do not delete information - make notes instead.

12. Now we have some other questions about the health history of the members of your household. For this question, we want you to include anything else you might have already told me about everyone's present health.

Please turn to Page 5 in your booklet. Just take a minute and glance down the list before I read the instructions. PAUSE

Here is a list of lung conditions. I'll read through the list with you. For each one that I mention, tell me if anyone in your household has ever had that particular condition since January 1972 or later. This next set of questions, therefore, apply to conditions anyone might have had in the last 12 years even if the symptoms might have started before then.

- Circle YES if this person has had this condition.

- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable

However, for this next large section it is important that you not tell me about any problems or conditions which were the direct result of injuries or accidents. We have some questions later which deal with injuries.

If two or more terms apply to the same condition, just pick the one you think best describes it. However, you can feel free to mention more than one. For each condition, just say yes or no.

Since 1972, has any member of your household had ...

Lungs

001. attacks of bronchitis	() NO	001. YES
002. chronic bronchitis	() NO	002. YES
003. emphysema	() NO	003. YES
004. pneumonia, including bronchopneumonia	() NO	004. YES
005. hayfever	() NO	005. YES
006. asthma	() NO	006. YES
007. shortness of breath	() NO	007. YES
008. 5 or more colds a year	() NO	008. YES
009. periods or episodes of cough and phlegm lasting for 3 weeks or more	() NO	009. YES

FILL IN YELLOW CONDITION SHEET LATER.
Enter number of yellow sheets required.

For 001 to 009 only

sheets

<p>- Circle YES if this person has had this condition.</p> <p>- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable</p>	<p>- Circle YES if this person has had this condition.</p> <p>- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable</p>	<p>- Circle YES if this person has had this condition.</p> <p>- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable</p>	<p>- Circle YES if this person has had this condition.</p> <p>- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable</p>	<p>- Circle YES if this person has had this condition.</p> <p>- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable</p>	<p>- Circle YES if this person has had this condition.</p> <p>- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable</p>
001. YES	001. YES	001. YES	001. YES	001. YES	001. YES
002. YES	002. YES	002. YES	002. YES	002. YES	002. YES
003. YES	003. YES	003. YES	003. YES	003. YES	003. YES
004. YES	004. YES	004. YES	004. YES	004. YES	004. YES
005. YES	005. YES	005. YES	005. YES	005. YES	005. YES
006. YES	006. YES	006. YES	006. YES	006. YES	006. YES
007. YES	007. YES	007. YES	007. YES	007. YES	007. YES
008. YES	008. YES	008. YES	008. YES	008. YES	008. YES
009. YES	009. YES	009. YES	009. YES	009. YES	009. YES
For 001 to 009 only	For 001 to 009 only	For 001 to 009 only	For 001 to 009 only	For 001 to 009 only	For 001 to 009 only
# sheets	# sheets	# sheets	# sheets	# sheets	# sheets

Lungs - continued

010. wheezy or whistling chest for most days or nights throughout the year | () NO 010. YES

011. Any other lung problem? #1 | () NO 011. YES
 Lung Cancer will be recorded later-see
 DO NOT RECORD LUNG CANCER HERE 116
 specify

012. Any other lung problem #2 | () NO 012. YES
 Lung Cancer will be recorded later-see
 116
 specify

013. Any other lung problem #3 | () NO 013. YES
 See Condition 116 for lung cancer
 specify

FOR ALL CONDITIONS FILL IN YELLOW CONDITION PAGE LATER.
 Enter number of Yellow pages required at bottom of the
page.

INTERVIEWER: REVIEW CONDITIONS 001 - 013 on P.10 & P.12
 IF NO ONE HAS HAD ANY LUNG CONDITION,
 CHECK NONE AND TURN THE PAGE. | - - - -
 IF ANYONE HAS HAD ANY LUNG | () 9 NONE
 CONDITION GO TO Q13. | Code 9 - - -

CODER ONLY
 RECTYPE 03
 CARD 01

13. Because of the lung problem(s) that you told me
 has had ...

13a. Is (he/she) now troubled by shortness of breath
 when hurrying on the level or walking up a straight
 hill? () 1. yes
 () 2. no
 () 7. Ref
 () 8. DK
 () 9. NA

13b. Does ever have to stop for breath after
 walking about 100 yards (or after a few minutes)
 on level ground? () 1. yes
 () 2. no
 () 7. Ref
 () 8. DK
 () 9. NA

13c. Is too breathless to leave the house or
 breathless on dressing or undressing? () 1. yes
 () 2. no
 () 7. Ref
 () 8. DK
 () 9. NA

Coder: for this Rectype go to Q18 on Page 22

Only for
 Conditions
 010 to 013

FOR ALL CONDITIONS FILL IN YELLOW CONDITION PAGE LATER.
 Enter number of Yellow pages required.

sheets

010. YES	010. YES	010. YES	010. YES	010. YES	010. YES
011. YES	011. YES	011. YES	011. YES	011. YES	011. YES
<i>specify</i>	<i>specify</i>	<i>specify</i>	<i>specify</i>	<i>specify</i>	<i>specify</i>
012. YES	012. YES	012. YES	012. YES	012. YES	012. YES
<i>specify</i>	<i>specify</i>	<i>specify</i>	<i>specify</i>	<i>specify</i>	<i>specify</i>
013. YES	013. YES	013. YES	013. YES	013. YES	013. YES
<i>specify</i>	<i>specify</i>	<i>specify</i>	<i>specify</i>	<i>specify</i>	<i>specify</i>
CODER ONLY	CODER ONLY	CODER ONLY	CODER ONLY	CODER ONLY	CODER ONLY
RECTYPE 03 CARD 01	RECTYPE 03 CARD 01	RECTYPE 03 CARD 01	RECTYPE 03 CARD 01	RECTYPE 03 CARD 01	RECTYPE 03 CARD 01
()1. yes ()2. no ()7. Ref ()8. DK ()9. NA	()1. yes ()2. no ()7. Ref ()8. DK ()9. NA	()1. yes ()2. no ()7. Ref ()8. DK ()9. NA	()1. yes ()2. no ()7. Ref ()8. DK ()9. NA	()1. yes ()2. no ()7. Ref ()8. DK ()9. NA	()1. yes ()2. no ()7. Ref ()8. DK ()9. NA
()1. yes ()2. no ()7. Ref ()8. DK ()9. NA	()1. yes ()2. no ()7. Ref ()8. DK ()9. NA	()1. yes ()2. no ()7. Ref ()8. DK ()9. NA	()1. yes ()2. no ()7. Ref ()8. DK ()9. NA	()1. yes ()2. no ()7. Ref ()8. DK ()9. NA	()1. yes ()2. no ()7. Ref ()8. DK ()9. NA
()1. yes ()2. no ()7. Ref ()8. DK ()9. NA	()1. yes ()2. no ()7. Ref ()8. DK ()9. NA	()1. yes ()2. no ()7. Ref ()8. DK ()9. NA	()1. yes ()2. no ()7. Ref ()8. DK ()9. NA	()1. yes ()2. no ()7. Ref ()8. DK ()9. NA	()1. yes ()2. no ()7. Ref ()8. DK ()9. NA
Only for Conditions 010 to 013	Only for Conditions 010 to 013	Only for Conditions 010 to 013	Only for Conditions 010 to 013	Only for Conditions 010 to 013	Only for Conditions 010 to 013
# sheets	# sheets	# sheets	# sheets	# sheets	# sheets

14. Please turn to Page 6 in your booklet. Now we will do the same thing with heart and circulation (cardio-vascular) conditions.

For each one that I mention, tell me if anyone in your household has ever had that particular condition since January 1972 or later.

Again, do not tell me about any problems that were the direct result of injuries.

If two or more terms apply to the same condition, just pick the one you think best describes it. However, you can feel free to mention more than one. For each condition, just say yes or no if anyone has had that problem in the last 12 years even if the symptoms might have started before then. Since 1972, has any member of your household had

Heart and Circulation (Cardiovascular)

014. heart attack	() NO	014. YES
015. heart failure or congestive heart disease	() NO	015. YES
016. angina	() NO	016. YES
017. heart murmur	() NO	017. YES
018. high blood pressure	() NO	018. YES
019. any other heart or circulation problem? #1	() NO	019. YES specify
020. any other heart or circulation problem #2	() NO	020. YES specify
021. any other heart or circulation problem #3	() NO	021. YES specify

FOR ALL CONDITIONS FILL IN YELLOW CONDITION PAGE LATER.

Enter number of yellow pages required.

sheets

- Circle YES if this person has had this condition.

- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable

- Circle YES if this person has had this condition. - Leave BLANK if the answer is No Refused, Don't Know, or Not Applicable	- Circle YES if this person has had this condition. - Leave BLANK if the answer is No Refused, Don't Know, or Not Applicable	- Circle YES if this person has had this condition. - Leave BLANK if the answer is No Refused, Don't Know, or Not Applicable	- Circle YES if this person has had this condition. - Leave BLANK if the answer is No Refused, Don't Know, or Not Applicable	- Circle YES if this person has had this condition. - Leave BLANK if the answer is No Refused, Don't Know, or Not Applicable	- Circle YES if this person has had this condition. - Leave BLANK if the answer is No Refused, Don't Know, or Not Applicable
14. YES	014. YES	014. YES	014. YES	014. YES	014. YES
15. YES	015. YES	015. YES	015. YES	015. YES	015. YES
16. YES	016. YES	016. YES	016. YES	016. YES	016. YES
17. YES	017. YES	017. YES	017. YES	017. YES	017. YES
18. YES	018. YES	018. YES	018. YES	018. YES	018. YES
19. YES	019. YES	019. YES	019. YES	019. YES	019. YES
specify	specify	specify	specify	specify	specify
20. YES	020. YES	020. YES	020. YES	020. YES	020. YES
specify	specify	specify	specify	specify	specify
21. YES	021. YES	021. YES	021. YES	021. YES	021. YES
specify	specify	specify	specify	specify	specify
# sheets	# sheets	# sheets	# sheets	# sheets	# sheets

15. Please turn to Page 7 in your booklet.

Let's do the same with blood and lymph system conditions.

For each one that I mention, tell me if anyone has ever had that particular condition since January 1972 or later.

Also, do not tell me about things which directly resulted from accidents or injuries.

If two or more terms apply to the same condition, just pick the one you think best describes it. However, you can feel free to mention more than one. For each condition, just say yes or no if anyone has had that problem in the last 12 years even if the symptoms might have started before then.

- Circle YES if this person has had this condition.

- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable

Blood and Lymph System

022. infectious mononucleosis	() NO	022. YES
023. frequent or prolonged bruising	() NO	023. YES
024. anemia, that is low blood count	() NO	024. YES
025. nosebleeds (not from injury)	() NO	025. YES
026. other abnormal bleeding, specify part of body (<u>record stomach ulcers later - 049</u>)	() NO	026. YES specify
027. any other blood problem? #1	() NO	027. YES specify
028. any other blood problem? #2	() NO	028. YES specify
029. any other blood problem? #3	() NO	029. YES specify

FOR ALL CONDITIONS FILL IN YELLOW CONDITION PAGE LATER.

Enter number of yellow pages required.

sheets

<p>- Circle YES if this person has had this condition.</p> <p>- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable</p>	<p>- Circle YES if this person has had this condition.</p> <p>- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable</p>	<p>- Circle YES if this person has had this condition.</p> <p>- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable</p>	<p>- Circle YES if this person has had this condition.</p> <p>- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable</p>	<p>- Circle YES if this person has had this condition.</p> <p>- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable</p>	<p>- Circle YES if this person has had this condition.</p> <p>- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable</p>
022. YES	022. YES	022. YES	022. YES	022. YES	022. YES
023. YES	023. YES	023. YES	023. YES	023. YES	023. YES
024. YES	024. YES	024. YES	024. YES	024. YES	024. YES
025. YES	025. YES	025. YES	025. YES	025. YES	025. YES
026. YES	026. YES	026. YES	026. YES	026. YES	026. YES
specify	specify	specify	specify	specify	specify
027. YES	027. YES	027. YES	027. YES	027. YES	027. YES
specify	specify	specify	specify	specify	specify
028. YES	028. YES	028. YES	028. YES	028. YES	028. YES
specify	specify	specify	specify	specify	specify
029. YES	029. YES	029. YES	029. YES	029. YES	029. YES
specify	specify	specify	specify	specify	specify
# sheets	# sheets	# sheets	# sheets	# sheets	# sheets

16. Please turn to Page 8 in your booklet.

Let's do the same with kidney and bladder conditions.

For each one that I mention, tell me if anyone has ever had that particular condition since January 1972 or later.

Also, do not tell me about things which directly resulted from accidents or injuries.

If two or more terms apply to the same condition, just pick the one you think best describes it. However, you can feel free to mention more than one. For each condition, just say yes or no if anyone has had that problem in the last 12 years even if the symptoms might have started before then.

- Circle YES if this person has had this condition.

- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable

Kidney and Bladder Conditions

030. blood in urine	() NO	030. YES
031. nephritis or pyelonephritis	() NO	031. YES
032. repeated infections in the bladder or urinary tract	() NO	032. YES
033. enlarged kidneys or cystic kidneys	() NO	033. YES
034. shrunken kidneys	() NO	034. YES
035. kidney failure	() NO	035. YES
036. enlarged prostate	() NO	036. YES
037. kidney stones	() NO	037. YES
038. not being able to urinate when needed	() NO	038. YES
039. painful urination	() NO	039. YES
040. needing to get up more than once at night to urinate	() NO	040. YES
041. any other kidney, bladder or prostate problem? #1	() NO	041. YES
		specify
042. any other kidney, bladder or prostate problem #2	() NO	042. YES
		specify
043. any other kidney, bladder or prostate problem #3	() NO	043. YES
		specify

FOR ALL CONDITIONS FILL IN YELLOW CONDITION PAGE LATER.
Enter number of yellow pages required.

sheets

<p>- Circle YES if this person has had this condition.</p> <p>- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable</p>	<p>- Circle YES if this person has had this condition.</p> <p>- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable</p>	<p>- Circle YES if this person has had this condition.</p> <p>- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable</p>	<p>- Circle YES if this person has had this condition.</p> <p>- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable</p>	<p>- Circle YES if this person has had this condition.</p> <p>- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable</p>	<p>- Circle YES if this person has had this condition.</p> <p>- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable</p>
030. YES	030. YES	030. YES	030. YES	030. YES	030. YES
031. YES	031. YES	031. YES	031. YES	031. YES	031. YES
032. YES	032. YES	032. YES	032. YES	032. YES	032. YES
033. YES	033. YES	033. YES	033. YES	033. YES	033. YES
034. YES	034. YES	034. YES	034. YES	034. YES	034. YES
035. YES	035. YES	035. YES	035. YES	035. YES	035. YES
036. YES	036. YES	036. YES	036. YES	036. YES	036. YES
037. YES	037. YES	037. YES	037. YES	037. YES	037. YES
038. YES	038. YES	038. YES	038. YES	038. YES	038. YES
039. YES	039. YES	039. YES	039. YES	039. YES	039. YES
040. YES	040. YES	040. YES	040. YES	040. YES	040. YES
041. YES	041. YES	041. YES	041. YES	041. YES	041. YES
specify	specify	specify	specify	specify	specify
042. YES	042. YES	042. YES	042. YES	042. YES	042. YES
specify	specify	specify	specify	specify	specify
043. YES	043. YES	043. YES	043. YES	043. YES	043. YES
specify	specify	specify	specify	specify	specify
# sheets	# sheets	# sheets	# sheets	# sheets	# sheets

17. Please turn to Page 9 in your booklet.

Let's do the same with digestive conditions.

For each one that I mention, tell me if anyone has ever had that particular condition since January 1972 or later.

Also, do not tell me about things which directly resulted from accidents or injuries.

If two or more terms apply to the same condition, just pick the one you think best describes it. However, you can feel free to mention more than one. For each condition, just say yes or no if anyone has had that problem in the last 12 years even if the symptoms might have started before then.

Digestive Conditions

044. food allergies	() NO	044. YES
045. diabetes	() NO	045. YES
046. gall stones or other gall bladder problems	() NO	046. YES
047. liver enlargement	() NO	047. YES
048. cirrhosis of liver	() NO	048. YES
049. stomach ulcers	() NO	049. YES
050. hepatitis or jaundice	() NO	050. YES
051. frequent indigestion	() NO	051. YES
052. alcohol intolerance	() NO	052. YES
053. frequent nausea or vomiting	() NO	053. YES
054. frequent diarrhea	() NO	054. YES
055. frequent constipation	() NO	055. YES
056. loss of appetite	() NO	056. YES
057. loss of weight	() NO	057. YES
058. other digestive condition? #1	() NO	058. YES
		specify
059. other digestive condition #2	() NO	059. YES
		specify
060. other digestive condition #3	() NO	060. YES
		specify

FOR ALL CONDITIONS FILL IN YELLOW CONDITION PAGE LATER.
Enter number of yellow pages required.

- Circle YES if this person has had this condition.

- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable

sheets

- Circle YES if this person has had this condition.	- Circle YES if this person has had this condition.	- Circle YES if this person has had this condition.	- Circle YES if this person has had this condition.	- Circle YES if this person has had this condition.	- Circle YES if this person has had this condition.
- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable	- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable	- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable	- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable	- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable	- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable
044. YES	044. YES	044. YES	044. YES	044. YES	044. YES
045. YES	045. YES	045. YES	045. YES	045. YES	045. YES
046. YES	046. YES	046. YES	046. YES	046. YES	046. YES
047. YES	047. YES	047. YES	047. YES	047. YES	047. YES
048. YES	048. YES	048. YES	048. YES	048. YES	048. YES
049. YES	049. YES	049. YES	049. YES	049. YES	049. YES
050. YES	050. YES	050. YES	050. YES	050. YES	050. YES
051. YES	051. YES	051. YES	051. YES	051. YES	051. YES
052. YES	052. YES	052. YES	052. YES	052. YES	052. YES
053. YES	053. YES	053. YES	053. YES	053. YES	053. YES
054. YES	054. YES	054. YES	054. YES	054. YES	054. YES
055. YES	055. YES	055. YES	055. YES	055. YES	055. YES
056. YES	056. YES	056. YES	056. YES	056. YES	056. YES
057. YES	057. YES	057. YES	057. YES	057. YES	057. YES
058. YES	058. YES	058. YES	058. YES	058. YES	058. YES
specify	specify	specify	specify	specify	specify
059. YES	059. YES	059. YES	059. YES	059. YES	059. YES
specify	specify	specify	specify	specify	specify
060. YES	060. YES	060. YES	060. YES	060. YES	060. YES
specify	specify	specify	specify	specify	specify
# sheets	# sheets	# sheets	# sheets	# sheets	# sheets

18. Please turn to Page 10 in your booklet.

Let's do the same with skin conditions, but this time tell me on which part of the body the skin problem appeared. Just give me the letter on the page that best describes the place.

For each one that I mention, tell me if anyone has ever had that particular condition since January 1972 or later.

Also, do not tell me about things which directly resulted from accidents or injuries.

If two or more terms apply to the same condition, just pick the one you think best describes it. However, you can feel free to mention more than one. For each condition, just say yes or no if anyone has had that problem in the last 12 years even if the symptoms might have started before then.

- Circle YES if this person has had this condition.

- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable

A = Anyplace on the hands, face or neck OR on the arms or legs during the summer only

B = Someplace else (including arms or legs in other seasons)

C = Both A and B

SITE

Skin Conditions

061. skin cancer

INTERVIEWER:

RECORD SITE (S)

() 9 NO

061. YES
S__

062. psoriasis

() 9 NO

062. YES
S__

063. eczema

() 9 NO

063. YES
S__

064. skin sores which do not heal easily

() 9 NO

064. YES
S__

recurrent or severe problems with:

065. --scaly, dry, or itchy skin

() 9 NO

065. YES
S__

066. --skin rashes or hives

() 9 NO

066. YES
S__

067. --unusual acne

() 9 NO

067. YES
S__

068. --boils, warts, or cysts

() 9 NO

068. YES
S__

069. white or dark patches on the skin

() 9 NO

069. YES
S__

070. any other skin problem?#1

() 9 NO

070. YES
S__

specify

071. any other skin problem #2

() 9 NO

071. YES
S__

specify

072. any other skin problem #3

() 9 NO

072. YES
S__

specify

FOR ALL CONDITIONS FILL IN YELLOW CONDITION PAGE LATER.
Enter number of yellow pages required.

sheets

Coder: for this Rectype go to Q129a on Page 32

19. Please turn to Page 11 in your booklet.

What about head and neck conditions.

For each one that I mention, tell me if anyone has ever had that particular condition since January 1972 or later.

Also, do not tell me about things which directly resulted from accidents or injuries.

If two or more terms apply to the same condition, just pick the one you think best describes it. However, you can feel free to mention more than one. For each condition, just say yes or no if anyone has had that problem in the last 12 years even if the symptoms might have started before then.

Head and Neck Conditions

073. unusual nose irritation or nasal discharge	() NO	073. YES
074. sinus problems	() NO	074. YES
075. throat infections	() NO	075. YES
076. prolonged, irritated, sore throat	() NO	076. YES
077. swollen or sore gums	() NO	077. YES
078. red, itchy, watery, sore, dry, or inflamed eyes	() NO	078. YES
079. blind or severely impaired vision	() NO	079. YES
080. earaches, ear infections	() NO	080. YES
081. ringing in the ears or tinnitus	() NO	081. YES
082. difficulty with hearing	() NO	082. YES
083. other head and neck condition?#1	() NO	083. YES
		specify
084. other head and neck condition #2	() NO	084. YES
		specify
085. other head and neck condition #3	() NO	085. YES
		specify

FOR ALL CONDITIONS FILL IN YELLOW CONDITION PAGE LATER.

Enter number of yellow pages required.

- Circle YES if this person has had this condition.

- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable

sheets

20. Please turn to Page 12 in your booklet.

Let's do the same with nerve and muscle conditions.

For each one that I mention, tell me if anyone has ever had that particular condition since January 1972 or later.

Also, do not tell me about things which directly resulted from accidents or injuries.

If two or more terms apply to the same condition, just pick the one you think best describes it. However, you can feel free to mention more than one. For each condition, just say yes or no if anyone has had that problem in the last 12 years even if the symptoms might have started before then.

- Circle YES if this person has had this condition.

- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable

Nerve and Muscle Conditions

086. convulsions or seizures with fever	() NO	086. YES
087. epilepsy or seizures without fever	() NO	087. YES
088. frequent or severe headaches	() NO	088. YES
089. frequent dizziness or blurred vision	() NO	089. YES
090. constant fatigue, lethargy or drowsiness	() NO	090. YES
091. problems with balance, coordination, reaction time, clumsiness	() NO	091. YES
092. trembling or shakiness of fingers or hands or arms	() NO	092. YES
093. unable to use arms, hands, legs or feet due to paralysis	() NO	093. YES
<u>Muscle Weakness:</u>		
094. legs or feet	() NO	094. YES
095. arms or hands	() NO	095. YES
<u>Numbness, tingling, prickling, or loss of sensation on:</u>		
096. legs or feet	() NO	096. YES
097. arms or hands	() NO	097. YES

Continued on next page.

FOR ALL CONDITIONS FILL IN YELLOW CONDITION PAGE LATER.

Enter number of yellow pages required.

sheets

- Circle YES if this person has had this condition.	- Circle YES if this person has had this condition.	- Circle YES if this person has had this condition.	- Circle YES if this person has had this condition.	- Circle YES if this person has had this condition.	- Circle YES if this person has had this condition.
---	---	---	---	---	---

- Leave BLANK if the answer is No Refused, Don't Know, or Not Applicable	- Leave BLANK if the answer is No Refused, Don't Know, or Not Applicable	- Leave BLANK if the answer is No Refused, Don't Know, or Not Applicable	- Leave BLANK if the answer is No Refused, Don't Know, or Not Applicable	- Leave BLANK if the answer is No Refused, Don't Know, or Not Applicable	- Leave BLANK if the answer is No Refused, Don't Know, or Not Applicable
--	--	--	--	--	--

086. YES	086. YES	086. YES	086. YES	086. YES	086. YES
----------	----------	----------	----------	----------	----------

087. YES	087. YES	087. YES	087. YES	087. YES	087. YES
----------	----------	----------	----------	----------	----------

088. YES	088. YES	088. YES	088. YES	088. YES	088. YES
----------	----------	----------	----------	----------	----------

089. YES	089. YES	089. YES	089. YES	089. YES	089. YES
----------	----------	----------	----------	----------	----------

090. YES	090. YES	090. YES	090. YES	090. YES	090. YES
----------	----------	----------	----------	----------	----------

091. YES	091. YES	091. YES	091. YES	091. YES	091. YES
----------	----------	----------	----------	----------	----------

092. YES	092. YES	092. YES	092. YES	092. YES	092. YES
----------	----------	----------	----------	----------	----------

093. YES	093. YES	093. YES	093. YES	093. YES	093. YES
----------	----------	----------	----------	----------	----------

094. YES	094. YES	094. YES	094. YES	094. YES	094. YES
----------	----------	----------	----------	----------	----------

095. YES	095. YES	095. YES	095. YES	095. YES	095. YES
----------	----------	----------	----------	----------	----------

096. YES	096. YES	096. YES	096. YES	096. YES	096. YES
----------	----------	----------	----------	----------	----------

097. YES	097. YES	097. YES	097. YES	097. YES	097. YES
----------	----------	----------	----------	----------	----------

sheets

sheets

sheets

sheets

sheets

sheets

20. Nerve and Muscle Conditions - continued

Nerve and Muscle ConditionsPain or cramps in:

098. legs or feet	() NO	098. YES
-------------------	--------	----------

099. arms or hands	() NO	099. YES
--------------------	--------	----------

100. trouble sleeping	() NO	100. YES
-----------------------	--------	----------

Frequent feelings of:

101. anxiety or depression	() NO	101. YES
----------------------------	--------	----------

102. irritability	() NO	102. YES
-------------------	--------	----------

103. hyperactivity or restlessness or trouble sitting still	() NO	103. YES
---	--------	----------

104. mental retardation	() NO	104. YES
-------------------------	--------	----------

105. learning or memory disorders excluding mental retardation	() NO	105. YES
--	--------	----------

106. personality changes	() NO	106. YES
--------------------------	--------	----------

107. nervous breakdown	() NO	107. YES
------------------------	--------	----------

108. schizophrenia	() NO	108. YES
--------------------	--------	----------

109. manic depressive disorder	() NO	109. YES
--------------------------------	--------	----------

110. any other nerve or muscle disorder?#1	() NO	110. YES
--	--------	----------

specify

111. any other nerve or muscle disorder #2	() NO	111. YES
--	--------	----------

specify

112. any other nerve or muscle disorder #3	() NO	112. YES
--	--------	----------

specify

FOR ALL CONDITIONS FILL IN YELLOW CONDITION PAGE LATER.

Enter number of yellow pages required.

sheets

098. YES	098. YES	098. YES	098. YES	098. YES	098. YES
099. YES	099. YES	099. YES	099. YES	099. YES	099. YES
100. YES	100. YES	100. YES	100. YES	100. YES	100. YES
101. YES	101. YES	101. YES	101. YES	101. YES	101. YES
102. YES	102. YES	102. YES	102. YES	102. YES	102. YES
103. YES	103. YES	103. YES	103. YES	103. YES	103. YES
104. YES	104. YES	104. YES	104. YES	104. YES	104. YES
105. YES	105. YES	105. YES	105. YES	105. YES	105. YES
106. YES	106. YES	106. YES	106. YES	106. YES	106. YES
107. YES	107. YES	107. YES	107. YES	107. YES	107. YES
108. YES	108. YES	108. YES	108. YES	108. YES	108. YES
109. YES	109. YES	109. YES	109. YES	109. YES	109. YES
110. YES	110. YES	110. YES	110. YES	110. YES	110. YES
specify	specify	specify	specify	specify	specify
111. YES	111. YES	111. YES	111. YES	111. YES	111. YES
specify	specify	specify	specify	specify	specify
112. YES	112. YES	112. YES	112. YES	112. YES	112. YES
specify	specify	specify	specify	specify	specify
# sheets	# sheets	# sheets	# sheets	# sheets	# sheets

21. Please turn to Page 13 in your booklet.

READ

Here is a list of other health conditions. For each one that I mention, tell me if any member of your household has ever had that particular condition since January 1972 even if the symptoms might have started before then.

READ Tell me all that apply.

Other Health Conditions

113. arthritis or rheumatism	() NO	113. YES
114. bone infection	() NO	114. YES
115. other bone or joint disease	() NO	115. YES
116. cancer or leukemia or lymphoma or Hodgkins Disease exclude skin cancer -- see 061	() NO	116. YES specify
117. problems with resistance to disease or seem to get sick easily	() NO	117. YES
118. an accident or injury which left someone with a permanent disability #1	() NO	118. YES specify
119. an accident or injury which left someone with a permanent disability #2	() NO	119. YES specify
120. an accident or injury which left someone with a permanent disability #3	() NO	120. YES specify
121. a head injury with loss of consciousness	() NO	121. YES
122. a burn requiring admission to hospital	() NO	122. YES
123. an accidental poisoning requiring admission to hospital	() NO	123. YES
124. any other accident causing broken bones or fractures	() NO	124. YES

FOR ALL CONDITIONS FILL IN YELLOW CONDITION PAGE LATER.

Enter number of yellow pages required.

- Circle YES if this person has had this condition.

- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable

sheets

Circle YES if this person has had this condition. Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable	Circle YES if this person has had this condition. Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable	Circle YES if this person has had this condition. Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable	Circle YES if this person has had this condition. Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable	Circle YES if this person has had this condition. Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable	Circle YES if this person has had this condition. Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable
13. YES	113. YES	113. YES	113. YES	113. YES	113. YES
14. YES	114. YES	114. YES	114. YES	114. YES	114. YES
15. YES	115. YES	115. YES	115. YES	115. YES	115. YES
16. YES	116. YES	116. YES	116. YES	116. YES	116. YES
specify	specify	specify	specify	specify	specify
17. YES	117. YES	117. YES	117. YES	117. YES	117. YES
18. YES	118. YES	118. YES	118. YES	118. YES	118. YES
specify	specify	specify	specify	specify	specify
19. YES	119. YES	119. YES	119. YES	119. YES	119. YES
specify	specify	specify	specify	specify	specify
20. YES	120. YES	120. YES	120. YES	120. YES	120. YES
specify	specify	specify	specify	specify	specify
21. YES	121. YES	121. YES	121. YES	121. YES	121. YES
22. YES	122. YES	122. YES	122. YES	122. YES	122. YES
23. YES	123. YES	123. YES	123. YES	123. YES	123. YES
24. YES	124. YES	124. YES	124. YES	124. YES	124. YES
# sheets	# sheets	# sheets	# sheets	# sheets	# sheets

22. Please turn to Page 14 in your booklet.

READ

Here is another listing of other health conditions. For each one that I mention, tell me if anyone in your household has ever had that particular condition since January 1972 even if the symptoms might have started before then.

READ Tell me all that apply.

Other Health Conditions

READ --- Thinking only about children under age 16, what about problems with normal child development in terms of:

125. - physical growth or development () NO 125. YES

126. - social development or getting along with others () NO 126. YES

127. - emotional development in terms of attitudes, feelings, outlook and so on () NO 127. YES

128. adult females only: menstrual problems () NO 128. YES

129. adult males and females: reproductive problems, that is difficulty starting a pregnancy even after one year of trying () NO 129. YES

129a. YES: PROBE Please turn to Page 15 in your booklet. () NO GO TO BOTTOM OF PAGE AND ENTER # SHEETS

Did any doctor ever say what the problem was -- just give me the letter beside the one category that best describes the doctor's diagnosis for _____.

Specify if "other"

*G--female

*F--male

DOCTOR DIAGNOSIS FOR FEMALES

- A. Did not discuss with doctor
- B. Hormone or gland problem
- C. Problem with egg production
- D. Problem with the womb or uterus
- E. Blocked Tubes
- F. Problem was with spouse or partner
- G. Other problem such as emotional or trying too hard (specify)
- H. No reason found by doctor

DOCTOR DIAGNOSIS FOR MALES

- A. Did not discuss with doctor
- B. Problem with ejaculation
- C. Problem with sperm count
- D. Problem with erection
- E. Problem was with spouse or partner
- F. Other problem such as emotional or trying too hard (specify)
- G. No reason found by doctor

- () 0. A
- () 1. B
- () 2. C
- () 3. D
- () 4. E
- () 5. F*
- () 6. G*
- () 7. H
- () 8. Ref/DK
- () 9. NA

Coder: For this Rectype go to bottom of Page 34.

FOR ALL CONDITIONS FILL IN YELLOW CONDITION PAGE LATER.
Enter number of yellow pages required.

sheets

- Circle YES if this person has had this condition.

- Leave BLANK if the answer is No, Refused, Don't Know, or Not Applicable

P. 33					
- Circle YES if this person has had this condition. - Leave BLANK if the answer is No Refused, Don't Know, or Not Applicable	- Circle YES if this person has had this condition. - Leave BLANK if the answer is No Refused, Don't Know, or Not Applicable	- Circle YES if this person has had this condition. - Leave BLANK if the answer is No Refused, Don't Know, or Not Applicable	- Circle YES if this person has had this condition. - Leave BLANK if the answer is No Refused, Don't Know, or Not Applicable	- Circle YES if this person has had this condition. - Leave BLANK if the answer is No Refused, Don't Know, or Not Applicable	- Circle YES if this person has had this condition. - Leave BLANK if the answer is No Refused, Don't Know, or Not Applicable
125. YES	125. YES	125. YES	125. YES	125. YES	125. YES
126. YES	126. YES	126. YES	126. YES	126. YES	126. YES
127. YES	127. YES	127. YES	127. YES	127. YES	127. YES
128. YES	128. YES	128. YES	128. YES	128. YES	128. YES
129. YES	129. YES	129. YES	129. YES	129. YES	129. YES

Specify if "other"	Specify if "other"	Specify if "other"	Specify if "other"	Specify if "other"	Specify if "other"
G--female	*G--female	*G--female	*G--female	*G--female	*G--female
F--male	*F--male	*F--male	*F--male	*F--male	*F--male
)0. A)1. B Coder)2. C M-1st)3. D F-2nd)4. E)5. F*)6. G*)7. H)8. Ref/DK)9. NA)0. A)1. B Coder)2. C M-1st)3. D F-2nd)4. E)5. F*)6. G*)7. H)8. Ref/DK)9. NA)0. A)1. B Coder)2. C M-1st)3. D F-2nd)4. E)5. F*)6. G*)7. H)8. Ref/DK)9. NA)0. A)1. B Coder)2. C M-1st)3. D F-2nd)4. E)5. F*)6. G*)7. H)8. Ref/DK)9. NA)0. A)1. B Coder)2. C M-1st)3. D F-2nd)4. E)5. F*)6. G*)7. H)8. Ref/DK)9. NA)0. A)1. B Coder)2. C M-1st)3. D F-2nd)4. E)5. F*)6. G*)7. H)8. Ref/DK)9. NA
# sheets	# sheets	# sheets	# sheets	# sheets	# sheets

22a. Other Health Conditions - continued

130. For all members of the household are there any other conditions or complaints you haven't mentioned?	() NO	130. YES
#1 specify other in column		specify
131. #2 specify other in column	() NO	131. YES
		specify
132. #3 specify other in column	() NO	132. YES
		specify
133. #4 specify other in column	() NO	133. YES
		specify
134. #5 specify other in column	() NO	134. YES
		specify
135. #6 specify other in column	() NO	135. YES
		specify

Enter number of yellow pages required for this page.

Interviewer: Check that all items on Page 2-4 are
included on yellow sheets.

Interviewer: Enter TOTAL number of conditions for
each person

INTERVIEWER: GO BACK TO PAGE 10 AND FILL IN
CONDITION SHEETS NOW

sheets

TOTAL SHEETS
(Column 28-29)

CODER -

For this
rectype, go
to top of
Page 36 and
continue

[illegible]

ASK EVERYONE

This next set of questions apply only to those members of your household who are under the age of 16 -- that is _____, _____, and _____ (read names from listing).

 () 9. NO ONE
 UNDER 16
 GO TO TOP OF
 PAGE 44

23. At what age did _____ first take 5 steps without any help -- would you say from 1 to 12 months,
13 to 18 months,
19 to 24 months,
25 to 36 months,
 or more than 3 years?

Probe: (If you had to guess, what would you say?)

- () 6. paralyzed
 () 0. not yet
 () 1. 1-12 months
 () 2. 13-18 months
 () 3. 19-24 months
 () 4. 25-36 months
 () 5. more than 3 years
 () 7. Ref
 () 8. DK-Probe
 () 9. NA

24. At what age was _____ first able to put at least three words together in a phrase -- would you say from 1 to 24 months, 25 to 30 months, 31 to 36 months, or more than 3 years?

Probe: (If you had to guess, what would you say?)

- () 0. not yet
 () 1. 1-24 months
 () 2. 25-30 months
 () 3. 31-36 months
 () 4. more than 3 years
 () 7. Ref
 () 8. DK-Probe
 () 9. NA

() 6.paralyzed () 0.not yet () 1. 1-12 months () 2.13-18 months () 3.19-24 months () 4.25-36 months () 5.more than 3 years () 7.Ref () 8.DK-Probe () 9.NA	() 6.paralyzed () 0.not yet () 1. 1-12 months () 2.13-18 months () 3.19-24 months () 4.25-36 months () 5.more than 3 years () 7.Ref () 8.DK-Probe () 9.NA	() 6.paralyzed () 0.not yet () 1. 1-12 months () 2.13-18 months () 3.19-24 months () 4.25-36 months () 5.more than 3 years () 7.Ref () 8.DK-Probe () 9.NA	() 6.paralyzed () 0.not yet () 1. 1-12 months () 2.13-18 months () 3.19-24 months () 4.25-36 months () 5.more than 3 years () 7.Ref () 8.DK-Probe () 9.NA	() 6.paralyzed () 0.not yet () 1. 1-12 months () 2.13-18 months () 3.19-24 months () 4.25-36 months () 5.more than 3 years () 7.Ref () 8.DK-Probe () 9.NA	() 6.paralyzed () 0.not yet () 1. 1-12 months () 2.13-18 months () 3.19-24 months () 4.25-36 months () 5.more than 3 years () 7.Ref () 8.DK-Probe () 9.NA
() 0.not yet () 1. 1-24 months () 2.25-30 months () 3.31-36 months () 4.more than 3 years () 7.Ref () 8.DK-Probe () 9.NA	() 0.not yet () 1. 1-24 months () 2.25-30 months () 3.31-36 months () 4.more than 3 years () 7.Ref () 8.DK-Probe () 9.NA	() 0.not yet () 1. 1-24 months () 2.25-30 months () 3.31-36 months () 4.more than 3 years () 7.Ref () 8.DK-Probe () 9.NA	() 0.not yet () 1. 1-24 months () 2.25-30 months () 3.31-36 months () 4.more than 3 years () 7.Ref () 8.DK-Probe () 9.NA	() 0.not yet () 1. 1-24 months () 2.25-30 months () 3.31-36 months () 4.more than 3 years () 7.Ref () 8.DK-Probe () 9.NA	() 0.not yet () 1. 1-24 months () 2.25-30 months () 3.31-36 months () 4.more than 3 years () 7.Ref () 8.DK-Probe () 9.NA

25.	Does _____ (child under 16) have any difficulty speaking or using words, such as stammering, stuttering, lisping or being hard to understand? Include physical, learning or for other reasons.	<input type="checkbox"/> 1. yes <input type="checkbox"/> 2. *no <input type="checkbox"/> 7. Ref <input type="checkbox"/> 8. DK <input type="checkbox"/> 9. *NA Everyone -Q26
26.	Does _____ go to school? INTERVIEWER: Include kindergarten, but exclude day care, nursery school, and junior kindergarten.	<input type="checkbox"/> 1. yes-Q27 <input type="checkbox"/> 2. *no- GO <input type="checkbox"/> 7. Ref TO <input type="checkbox"/> 8. DK Q28 <input type="checkbox"/> 9. *NA
27.	What grade is _____ in?	99 = NA <u>grade</u> GO TO Q30
28.	Why doesn't _____ go to school?	<input type="checkbox"/> 1. Too young - Q33 <input type="checkbox"/> 2. Parental Choice <input type="checkbox"/> 3. Dropped Out <input type="checkbox"/> 4. Health Reason <input type="checkbox"/> 5. Other <input type="checkbox"/> 7. Ref <input type="checkbox"/> 8. DK <input type="checkbox"/> 9. *NA
29.	Did _____ ever go to school?	<input type="checkbox"/> 1. yes-Q32 <input type="checkbox"/> 2. *no -Q33 <input type="checkbox"/> 7. Ref <input type="checkbox"/> 8. DK <input type="checkbox"/> 9. *NA
30.	Excluding gym, is _____ limited in the kind or amount of school work (he/she) does because of physical, emotional or learning problems?	<input type="checkbox"/> 1. yes-Q31 <input type="checkbox"/> 2. *no- Q32 <input type="checkbox"/> 7. Ref <input type="checkbox"/> 8. DK <input type="checkbox"/> 9. *NA
31.	How long has _____ been limited in this way?	<input type="checkbox"/> 1. less than 1 month <input type="checkbox"/> 2. 1-6 months <input type="checkbox"/> 3. more than 6 mos. <input type="checkbox"/> 4. always <input type="checkbox"/> 7. Ref <input type="checkbox"/> 8. DK <input type="checkbox"/> 9. *NA

[illegible]

32. Has _____ ever repeated or failed a grade?

-----	() 1. yes-Q33
() 2 NO - Q.	() 2. *no-Q33
() 9 NA 33	() 7. Ref
	() 8. DK
-----	() 9. *NA

33. Has _____ ever received any of the following types of special education, teaching or counselling. I'd like you to include any part-time as well as any full-time education, teaching or counselling. What about for ...

a. perceptually handicapped children?

-----	() 0. yes, full-time
() 2 NO	
() 9 NA	() 1. yes, part-time
-----	() 2. *no
	() 7. Ref
	() 8. DK
	() 9. *NA

b. emotionally or behaviourally disturbed children?

-----	() 0. yes, full-time
() 2 NO	
() 9 NA	() 1. yes, part-time
-----	() 2. *no
	() 7. Ref
	() 8. DK
	() 9. *NA

() 1. yes-Q33	() 1. yes-Q33	() 1. yes-Q33	() 1. yes-Q33	() 1. yes-Q33	() 1. yes-Q33
() 2. *no-Q33	() 2. *no-Q33	() 2. *no-Q33	() 2. *no-Q33	() 2. *no-Q33	() 2. *no-Q33
() 7. Ref	() 7. Ref	() 7. Ref	() 7. Ref	() 7. Ref	() 7. Ref
() 8. DK	() 8. DK	() 8. DK	() 8. DK	() 8. DK	() 8. DK
() 9. *NA	() 9. *NA	() 9. *NA	() 9. *NA	() 9. *NA	() 9. *NA

() 0. yes, full-time	() 0. yes, full-time	() 0. yes, full-time	() 0. yes, full-time	() 0. yes, full-time	() 0. yes, full-time
() 1. yes, part-time	() 1. yes, part-time	() 1. yes, part-time	() 1. yes, part-time	() 1. yes, part-time	() 1. yes, part-time
() 2. *no	() 2. *no	() 2. *no	() 2. *no	() 2. *no	() 2. *no
() 7. Ref	() 7. Ref	() 7. Ref	() 7. Ref	() 7. Ref	() 7. Ref
() 8. DK	() 8. DK	() 8. DK	() 8. DK	() 8. DK	() 8. DK
() 9. *NA	() 9. *NA	() 9. *NA	() 9. *NA	() 9. *NA	() 9. *NA

() 0. yes, full-time	() 0. yes, full-time	() 0. yes, full-time	() 0. yes, full-time	() 0. yes, full-time	() 0. yes, full-time
() 1. yes, part-time	() 1. yes, part-time	() 1. yes, part-time	() 1. yes, part-time	() 1. yes, part-time	() 1. yes, part-time
() 2. *no	() 2. *no	() 2. *no	() 2. *no	() 2. *no	() 2. *no
() 7. Ref	() 7. Ref	() 7. Ref	() 7. Ref	() 7. Ref	() 7. Ref
() 8. DK	() 8. DK	() 8. DK	() 8. DK	() 8. DK	() 8. DK
() 9. *NA	() 9. *NA	() 9. *NA	() 9. *NA	() 9. *NA	() 9. *NA

c. slow learners?

 () 2 NO
 () 9 NA

() 0. yes,
 full-
 time
 () 1. yes,
 part-
 time
 () 2. *no
 () 7. Ref
 () 8. DK
 () 9. *NA

d. advanced learners?

 () 2 NO
 () 9 NA

() 0. yes,
 full-
 time
 () 1. yes,
 part-
 time
 () 2. *no
 () 7. Ref
 () 8. DK
 () 9. *NA

e. what about therapy for speech
 problems?

 () 2 NO
 () 9 NA

() 0. yes,
 full-
 time
 () 1. yes,
 part-
 time
 () 2. *no
 () 7. Ref
 () 8. DK
 () 9. *NA

f. any other type of remedial education?

 () 2 NO
 () 9 NA

() 0. yes,
 full-
 time
 () 1. yes,
 part-
 time
 () 2. *no
 () 7. Ref
 () 8. DK
 () 9. *NA
 Specify type

34. Are there any other conditions, or complaints that
 arise in _____ (child under 16) more often than you
 think they should, or is there anything that you think
 is not normal?

Yes--Probe

34a. What is that?

 () 2 NO
 () 9 NA

() 1. yes
 specify

 () 2. *no
 () 7. Ref
 () 8. DK
 () 9. *NA

35. INTERVIEWER: IF THERE ARE NO FEMALES AGE 16 OR OVER
IN THIS HOUSEHOLD -- CHECK HERE () 9. AND
GO TO PAGE 54.

35. This next set of questions is about any pregnancies that
any female member of your household might have had and
which started in January 1968 or later.

For this question, we want you to consider all
pregnancies including those which resulted in live
births, still births, miscarriages and abortions.

Have any female members of your household been pregnant
(started a pregnancy) since 1968, not counting any
pregnancies which might now be in progress?

() 1. yes
() 2. no
() 7. Ref
() 8. DK
() 9. NA
GO TO PAGE 54

YES -- PROBE

35a. Altogether how many times has ____ (name of female) been
pregnant since 1968? (Not counting any in progress.)

INTERVIEWER: RECORD NUMBER OF PREGNANCIES ON
QUESTIONNAIRE, THEN FILL IN PREGNANCY
FORM FOR EACH FEMALE WHO STARTED AT LEAST
ONE PREGNANCY SINCE JANUARY 1968.

IF THIS
PERSON HAS
NEVER BEEN
PREGNANT
GO TO
PAGE 54

of times
GO TO
PREGNANCY
FORM ON
NEXT PAGE

Coder: for this Rectype go to Page 54

NOTE 1: RECORD THE PERSON I.D. ON THE PREGNANCY FORM. The columns across
the page are for different pregnancies for the same person and
do NOT match the columns on the tab.

2: Pages 46-47 and 48-49 represent a single pregnancy form to allow
for 7 pregnancies. Pages 50-51 and 52-53 represent a second
pregnancy form to allow for either -

- (a) more than 7 pregnancies for the first person or
- (b) up to 7 pregnancies for a second person.

You should take extra loose pregnancy forms in case more space
is required.

3: Record twins or triplets as separate pregnancies.

4: Under "pregnancy #" you will find two sets of boxes .

If a given pregnancy was a single (birth/fetus) record zeros in
the boxes. If the pregnancy involved twins record the
pregnancy # of the other twin in the first set of boxes and
put zeros in the second set. If triplets were involved, record
the pregnancy # of the other 2 which complete the set of triplets.

IF THIS
PERSON HAS
NEVER BEEN
PREGNANT
GO TO
PAGE 54

IF THIS
PERSON HAS
NEVER BEEN
PREGNANT
GO TO
PAGE 54

IF THIS
PERSON HAS
NEVER BEEN
PREGNANT
GO TO
PAGE 54

IF THIS
PERSON HAS
NEVER BEEN
PREGNANT
GO TO
PAGE 54

IF THIS
PERSON HAS
NEVER BEEN
PREGNANT
GO TO
PAGE 54

IF THIS
PERSON HAS
NEVER BEEN
PREGNANT
GO TO
PAGE 54

() 1. yes
() 2. no
() 7. Ref
() 8. DK
() 9. NA

() 1. yes
() 2. no
() 7. Ref
() 8. DK
() 9. NA

() 1. yes
() 2. no
() 7. Ref
() 8. DK
() 9. NA

() 1. yes
() 2. no
() 7. Ref
() 8. DK
() 9. NA

() 1. yes
() 2. no
() 7. Ref
() 8. DK
() 9. NA

() 1. yes
() 2. no
() 7. Ref
() 8. DK
() 9. NA

of times
GO TO
PREGNANCY
FORM ON
NEXT PAGE

of times
GO TO
PREGNANCY
FORM ON
NEXT PAGE

of times
GO TO
PREGNANCY
FORM ON
NEXT PAGE

of times
GO TO
PREGNANCY
FORM ON
NEXT PAGE

of times
GO TO
PREGNANCY
FORM ON
NEXT PAGE

of times
GO TO
PREGNANCY
FORM ON
NEXT PAGE

I.D.

--	--	--	--

--	--

0	8
---	---

PREGNANCY FORM

Card

--	--

Preg #1

--	--

Household I.D. Person RecType

Use 2 sheets if more than 7 pregnancies.

The same form cannot be used for

2 different adult females.

37. Twin or
Triplet of ...

36. Could you tell me in which month and year each pregnancy ended. Start with the first one.
REMINDER: FOR PREGNANCIES STARTING 1968 OR LATER.

Record
twins
above19
month

38. How many months did the pregnancy last?

months

39. Did this (baby/fetus) have any birth defects or long term medical conditions -- including major or minor ones -- which were present at birth or discovered later in the child's life?

YES - PROBE 39a and 39b

() 2 NO

GO TO Q40

- () 1.yes-Q39a
() 2.no-Q40
() 7.Ref-Q40
() 8.DK-Q40

INTERVIEWER: Take out laminated birth condition sheet.

- 39a. Turn to Page 16 in your booklet. Did this (baby/fetus) ever have any of the problems or conditions relating to the items listed on this page? Which ones? I'll read through the list with you.

Interviewer: READ PAGE 16 OF BIRTH CONDITIONS PAGE.

If code 10,20,30,40 specify:

What is that?

BIRTH

CONDITIONS

- () 07 Ref
() 08 DK
() 00 NA

CODE

- 1st _____
2nd _____
3rd _____
4th _____
5th _____
6th _____

If 10,20,30,
40,50,60,70,
80, or 90

- 39b. Turn to Page 17 in your booklet where the listing of birth problems continues and we will do the same thing.

Interviewer: READ PAGE 17 OF BIRTH CONDITIONS PAGE.

If code 50,60,70,80 or 90 specify:

What is that?

() 00 Not
Asked

specify

40. Please turn to Page 18 in your booklet. During this pregnancy did _____ take any of the medications or treatments listed on this page? Which ones? (A-Dilantin or phenytoin) (B-Special X-ray examinations such as repeated chest or abdominal x-rays, a barium meal or barium enema) (C-Hormones or birth control pills) (D-Bendectine or other drugs to control nausea) (E-Warfarin or Coumadin) (F-Tetracycline) (G-Medicine for a thyroid problem)

() 2. NO

CIRCLE ALL
THAT APPLY

- A B C
D E F
G

(1=yes) (2=no)

41. During the pregnancy, did _____ have any of the following:

a. Diabetes

() 2 NO

1 2 8
YES NO DK

b. Vaginal or Pelvic Infections

() 2 NO

a() () ()
b() () ()c. An operation requiring an anaesthetic
(not at delivery)

() 2 NO

c() () ()

d. German Measles

() 2 NO

d() () ()

e. Any other serious infection or illness-
specify

() 2 NO

e() () ()

specify

Card Preg # 2	Card Preg # 3	Card Preg # 4	Card Preg # 5	Card Preg # 6	Card Preg # 7
19 month	19 month	19 month	19 month	19 month	19 month
months	months	months	months	months	months
1.yes-Q39a 2.no-Q40 7.Ref-Q40 8.DK-Q40	() 1.yes-Q39a () 2.no-Q40 () 7.Ref-Q40 () 8.DK-Q40	() 1.yes-Q39a () 2.no-Q40 () 7.Ref-Q40 () 8.DK-Q40	() 1.yes-Q39a () 2.no-Q40 () 7.Ref-Q40 () 8.DK-Q40	() 1.yes-Q39a () 2.no-Q40 () 7.Ref-Q40 () 8.DK-Q40	() 1.yes-Q39a () 2.no-Q40 () 7.Ref-Q40 () 8.DK-Q40
RTH NDITIONS 07 Ref 08 DK 00 NA	BIRTH CONDITIONS () 07 Ref () 08 DK () 00 NA	BIRTH CONDITIONS () 07 Ref () 08 DK () 00 NA	BIRTH CONDITIONS () 07 Ref () 08 DK () 00 NA	BIRTH CONDITIONS () 07 Ref () 08 DK () 00 NA	BIRTH CONDITIONS () 07 Ref () 08 DK () 00 NA
DE t d d h h h	CODE 1st 2nd 3rd 4th 5th 6th	CODE 1st 2nd 3rd 4th 5th 6th	CODE 1st 2nd 3rd 4th 5th 6th	CODE 1st 2nd 3rd 4th 5th 6th	CODE 1st 2nd 3rd 4th 5th 6th
10, 20, 30, 50, 60, 70, or 90	If 10, 20, 30, 40, 50, 60, 70, 80, or 90	If 10, 20, 30, 40, 50, 60, 70, 80, or 90	If 10, 20, 30, 40, 50, 60, 70, 80, or 90	If 10, 20, 30, 40, 50, 60, 70, 80, or 90	If 10, 20, 30, 40, 50, 60, 70, 80, or 90
specify	specify	specify	specify	specify	specify
CIRCLE ALL THAT APPLY B C E F G	CIRCLE ALL THAT APPLY A B C D E F G	CIRCLE ALL THAT APPLY A B C D E F G	CIRCLE ALL THAT APPLY A B C D E F G	CIRCLE ALL THAT APPLY A B C D E F G	CIRCLE ALL THAT APPLY A B C D E F G
yes) (2-no)	(1-yes) (2-no)	(1-yes) (2-no)	(1-yes) (2-no)	(1-yes) (2-no)	(1-yes) (2-no)
2 8 S NO DK	1 2 8 YES NO DK	1 2 8 YES NO DK	1 2 8 YES NO DK	1 2 8 YES NO DK	1 2 8 YES NO DK
() () ()	a () () ()	a () () ()	a () () ()	a () () ()	a () () ()
() () ()	b () () ()	b () () ()	b () () ()	b () () ()	b () () ()
() () ()	c () () ()	c () () ()	c () () ()	c () () ()	c () () ()
() () ()	d () () ()	d () () ()	d () () ()	d () () ()	d () () ()
() () ()	e () () ()	e () () ()	e () () ()	e () () ()	e () () ()
specify	specify	specify	specify	specify	specify

PREGNANCY FORM CONTINUED

Card ☐ ☐ Preg # 1

<p>42. Please turn to Page 19 in your booklet. During the pregnancy, did _____ come into contact at work with any of the substances listed on this page.</p> <p style="text-align: right;">("Think so" = yes) - - - -</p> <p>(A-benzene) (B-chloroprene) (C-formaldehyde) () 2 NO (D-mercury) (E-polychlorinated biphenyls-PCB) - - - - (F-styrene) (G-toluene) (H-anaesthetic gases at work but not for personal surgery) (I-arsenic) (J-ethylene oxide) (K-lead fumes) (L-carbon monoxide) (M-vinyl chloride) (N-beryllium) (7-Ref) (8-DK) (0-NA--Does Not Work)</p>	<p>CIRCLE ALL THAT APPLY</p> <table border="0"> <tr><td>A</td><td>B</td><td>C</td></tr> <tr><td>D</td><td>E</td><td>F</td></tr> <tr><td>G</td><td>H</td><td>I</td></tr> <tr><td>J</td><td>K</td><td>L</td></tr> <tr><td>M</td><td>N</td><td></td></tr> </table> <p>(1=yes) (2=no)</p>	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
A	B	C														
D	E	F														
G	H	I														
J	K	L														
M	N															
<p>43. On the average, how many cigarettes did _____ smoke each day when the pregnancy started and how many was she smoking each day when the pregnancy ended?</p> <p style="text-align: right;">(97-Ref) (98-DK) () 00 Never small package = 20 carton = 200 - Smoked - large package = 25</p>	<p>_____ # started _____ # ended</p>															
<p>44. During this pregnancy, how often did _____ drink alcoholic beverages, <u>daily</u>, <u>a few times a week</u>, <u>a few times a month</u>, <u>occasionally</u>, or <u>never</u>?</p> <p>(1.-daily) (2.-weekly) (3.-monthly) () 5 Never (4.-occasionally) (5.-never) (7.-Ref) (8.-DK)</p>	<p>_____ code</p>															
<p>45. Please turn to Page 20 in your booklet. What was the end result of pregnancy # _____?</p> <p>(A-Live Birth) (B-Twins, 1 live and 1 stillborn) (C-Miscarriage or spontaneous accidental abortion) (D-Intentional Abortion) (E-Stillborn, dead at birth)</p>	<p>() 1.A - Q47 () 2.B - Q47 () 3.C - Q46 () 4.D - Q51 () 5.E - Q51</p>															
<p>46. Did _____'s doctor know about the (miscarriage/abortion)?</p> <p>doctor = any doctor</p>	<p>() 1. yes () 2. no () 7. Ref () 8. DK () 0. NA GO TO Q51***</p>															
<p>47. Please turn to Page 21 in your booklet. How much did this baby weigh at birth?</p> <p>1. 3 pounds 5 ounces (1500 grams) <u>OR LESS</u> 2. More than 3 pounds 5 ounces (1500 grams) <u>BUT</u> Less than 5 pounds 8 ounces (2500 grams) 3. 5 pounds 8 ounces (2500 grams) <u>OR MORE</u></p>	<p>(0=NA) _____ code Probe: for DK: If you had to guess ...</p>															
<p>48. Is this baby still living in this household? YES - PROBE 48a. Which person is that? Record person I.D. that corresponds to the tab.</p>	<p>() yes-48a <input type="checkbox"/> Person I.D.-Q51 () no--Q49</p>															
<p>49. In what years did this baby live here? Died in hosp. 00 to 00</p>	<p>19__ TO 19__</p>															
<p>50. Why does this baby no longer live here? (1.deceased) (2.health) (3.other) (7.Ref) (8.DK) (0.NA)</p>	<p>_____ code:</p>															
<p>51. Could you give me the name of the doctor, preferably the obstetrician, you saw during this pregnancy and the name of the hospital you were in.</p> <p>(1-Hamilton General) (2-Henderson General) (3-St.Joseph's) (4-Chedoke) (5-McMaster) (6-Joseph Brant-Burlington) (7-West Lincoln Memorial-Grimsby) (0=Other, None, Ref, DK)</p>	<p>Doc _____ Hosp Code <input type="checkbox"/> check tab: X</p>															
<p>END OF PREGNANCY HISTORY FOR THIS PERSON.</p>	<p>Coder: RECTYPE ends</p>															

[illegible]

I.D.

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--	--

0	8
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PREGNANCY FORM

Household I.D. Person RecType

Use 2 sheets if more than 7 pregnancies.
The same form cannot be used for
2 different adult females.

37. Twin or
Triplet of ...

Card

--	--

Preg #1

--	--

36. Could you tell me in which month and year each pregnancy ended. Start with the first one.
REMINDER: FOR PREGNANCIES STARTING 1968 OR LATER.

Record
twins
above19
month

38. How many months did the pregnancy last?

months

39. Did this (baby/fetus) have any birth defects or long term medical conditions -- including major or minor ones -- which were present at birth or discovered later in the child's life?

YES - PROBE 39a and 39b

() 2 NO

GO TO Q40

() 1.yes-Q39a
() 2.no-Q40
() 7.Ref-Q40
() 8.DK-Q40

INTERVIEWER: Take out laminated birth condition sheet.

39a. Turn to Page 16 in your booklet. Did this (baby/fetus) ever have any of the problems or conditions relating to the items listed on this page? Which ones? I'll read through the list with you.

Interviewer: READ PAGE 16 OF BIRTH CONDITIONS PAGE.

If code 10,20,30,40 specify:

What is that?

BIRTH
CONDITIONS
() 07 Ref
() 08 DK
() 00 NA

CODE

1st _____
2nd _____
3rd _____
4th _____
5th _____
6th _____

If 10,20,30,
40,50,60,70,
80, or 90

39b. Turn to Page 17 in your booklet where the listing of birth problems continues and we will do the same thing.

Interviewer: READ PAGE 17 OF BIRTH CONDITIONS PAGE.

If code 50,60,70,80 or 90 specify:

What is that?

() 00 Not
Asked

specify

40. Please turn to Page 18 in your booklet. During this pregnancy did _____ take any of the medications or treatments listed on this page? Which ones? (A-Dilantin or phenytoin) (B-Special X-ray examinations such as repeated chest or abdominal x-rays, a barium meal or barium enema) (C-Hormones or birth control pills) (D-Bendectine or other drugs to control nausea) (E-Warfarin or Coumadin) (F-Tetracycline) (G-Medicine for a thyroid problem) (7-Ref) (8-DK)

() 2. NO

CIRCLE ALL
THAT APPLY

A B C
D E F
G

(1=yes) (2=no)

41. During the pregnancy, did _____ have any of the following:

a. Diabetes

() 2 NO

1 2 8
YES NO DK

b. Vaginal or Pelvic Infections

() 2 NO

a () () ()

c. An operation requiring an anaesthetic (not at delivery)

() 2 NO

c () () ()

d. German Measles

() 2 NO

d () () ()

e. Any other serious infection or illness-specify

() 2 NO

e () () ()

specify

Card Preg # 2	Card Preg # 3	Card Preg # 4	Card Preg # 5	Card Preg # 6	Card Preg # 7
19 month	19 month	19 month	19 month	19 month	19 month
months	months	months	months	months	months
() 1.yes-Q39a () 2.no-Q40 () 7.Ref-Q40 () 8.DK-Q40	() 1.yes-Q39a () 2.no-Q40 () 7.Ref-Q40 () 8.DK-Q40	() 1.yes-Q39a () 2.no-Q40 () 7.Ref-Q40 () 8.DK-Q40	() 1.yes-Q39a () 2.no-Q40 () 7.Ref-Q40 () 8.DK-Q40	() 1.yes-Q39a () 2.no-Q40 () 7.Ref-Q40 () 8.DK-Q40	() 1.yes-Q39a () 2.no-Q40 () 7.Ref-Q40 () 8.DK-Q40
BIRTH CONDITIONS () 07 Ref () 08 DK () 00 NA	BIRTH CONDITIONS () 07 Ref () 08 DK () 00 NA	BIRTH CONDITIONS () 07 Ref () 08 DK () 00 NA	BIRTH CONDITIONS () 07 Ref () 08 DK () 00 NA	BIRTH CONDITIONS () 07 Ref () 08 DK () 00 NA	BIRTH CONDITIONS () 07 Ref () 08 DK () 00 NA
CODE 1st 2nd 3rd 4th 5th 6th If 10, 20, 30, 40, 50, 60, 70, 80, or 90	CODE 1st 2nd 3rd 4th 5th 6th If 10, 20, 30, 40, 50, 60, 70, 80, or 90	CODE 1st 2nd 3rd 4th 5th 6th If 10, 20, 30, 40, 50, 60, 70, 80, or 90	CODE 1st 2nd 3rd 4th 5th 6th If 10, 20, 30, 40, 50, 60, 70, 80, or 90	CODE 1st 2nd 3rd 4th 5th 6th If 10, 20, 30, 40, 50, 60, 70, 80, or 90	CODE 1st 2nd 3rd 4th 5th 6th If 10, 20, 30, 40, 50, 60, 70, 80, or 90
specify	specify	specify	specify	specify	specify
CIRCLE ALL THAT APPLY A B C D E F G	CIRCLE ALL THAT APPLY A B C D E F G	CIRCLE ALL THAT APPLY A B C D E F G	CIRCLE ALL THAT APPLY A B C D E F G	CIRCLE ALL THAT APPLY A B C D E F G	CIRCLE ALL THAT APPLY A B C D E F G
1-yes) (2-no)	1-yes) (2-no)	1-yes) (2-no)	1-yes) (2-no)	1-yes) (2-no)	1-yes) (2-no)
1 2 8 YES NO DK () () () () () () () () () () () () () () () () () ()	1 2 8 YES NO DK a () () () b () () () c () () () d () () () e () () ()	1 2 8 YES NO DK a () () () b () () () c () () () d () () () e () () ()	1 2 8 YES NO DK a () () () b () () () c () () () d () () () e () () ()	1 2 8 YES NO DK a () () () b () () () c () () () d () () () e () () ()	1 2 8 YES NO DK a () () () b () () () c () () () d () () () e () () ()
specify	specify	specify	specify	specify	specify

There are just a few questions left.

52. Could you turn back to Page 1 in your booklet.

For how many years has any member of your household ever worked full time or part time in either Zone 1 or Zone 2 on the map? () 00.
(Including the Landfill Site itself) No one

years
total and
combine

Do not include housewives or students -- See Q53 and Q54.
Use code 00 for never, not relevant, not applicable or not asked.

53. For how many years has anyone in your household ever been a student in a school that is located in either Zone 1 or Zone 2?

Blessed Kateri School or C.B. Stirling School
(Venerated Kateri)

() 00.
No one

years

Use code 00 for never, not relevant, not applicable or not asked.

54. For how many years has anyone in your household ever been a homemaker without other full time employment, retired, or unemployed in a home or apartment located in either Zone 1 or Zone 2?

() 00.
None

years

Use code 00 for never, not relevant, not applicable or not asked.

55. Could you turn to Page 22 in your booklet.

Could you tell me the usual occupation of each member of the household?

occ. code

Codes (0-Preschool) (1-Student) (2-White collar)
(3-Blue collar) (4-Housewife) (5-Unemployed) (6-Retired)
(7-Ref) (8-DK) (9-NA) occupation

56. Which members of the household have ever worked full time, by that I mean at least 30 hours a week for as much as six months in a row?

() 2. None
GO TO Q59

() 1. yes-Q57
() 2. no -Q59
() 7. Ref
() 8. DK

<u>years</u> total and combine	<u>years</u> total and combine	<u>years</u> total and combine	<u>years</u> total and combine	<u>years</u> total and combine	<u>years</u> total and combine
<u>years</u>	<u>years</u>	<u>years</u>	<u>years</u>	<u>years</u>	<u>years</u>
<u>years</u>	<u>years</u>	<u>years</u>	<u>years</u>	<u>years</u>	<u>years</u>
<u>occ. code</u> occupation	<u>occ. code</u> occupation	<u>occ. code</u> occupation	<u>occ. code</u> occupation	<u>occ. code</u> occupation	<u>occ. code</u> occupation
() 1.yes-Q57 () 2.no -Q59 () 7.Ref () 8.DK	() 1.yes-Q57 () 2.no -Q59 () 7.Ref () 8.DK	() 1.yes-Q57 () 2.no -Q59 () 7.Ref () 8.DK	() 1.yes-Q57 () 2.no -Q59 () 7.Ref () 8.DK	() 1.yes-Q57 () 2.no -Q59 () 7.Ref () 8.DK	() 1.yes-Q57 () 2.no -Q59 () 7.Ref () 8.DK

57. Has _____ ever worked for a year or more in any dusty job such as in a foundry, a steel mill, a mine or other very dusty job?

YES -- PROBE -- Q.57a

- () 1.yes-Q57a
- () 2.no-Q58
- () 7.Ref
- () 8.DK
- () 9.NA

57a. How many years did _____ spend working in dusty jobs.

years
99=NA

57b. What type of work did (he/she) do?

What type of industry is that?

SPECIFY
DETAIL

DO NOT CODE

58. Has _____ ever worked for a year or more in a job where (he/she) was often exposed to chemical fumes or gases in (his/her) work?

YES -- PROBE -- Q.58a

- () 1.yes-Q58a
- () 2.no-Q59
- () 7.Ref
- () 8.DK
- () 9.NA

58a. How many years did _____ spend working on jobs with chemical or gaseous exposure?

years
99=NA

58b. What type of work did (he/she) do?

What type of industry is that?

SPECIFY
DETAIL

DO NOT CODE

() 1.yes-Q57a () 2.no-Q58 () 7.Ref () 8.DK () 9.NA	() 1.yes-Q57a () 2.no-Q58 () 7.Ref () 8.DK () 9.NA	() 1.yes-Q57a () 2.no-Q58 () 7.Ref () 8.DK () 9.NA	() 1.yes-Q57a () 2.no-Q58 () 7.Ref () 8.DK () 9.NA	() 1.yes-Q57a () 2.no-Q58 () 7.Ref () 8.DK () 9.NA	() 1.yes-Q57a () 2.no-Q58 () 7.Ref () 8.DK () 9.NA
---	---	---	---	---	---

years

99=NA

years

99=NA

years

99=NA

years

99=NA

years

99=NA

years

99=NA

SPECIFY
DETAIL

SPECIFY
DETAIL

SPECIFY
DETAIL

SPECIFY
DETAIL

SPECIFY
DETAIL

SPECIFY
DETAIL

() 1.yes-Q58a () 2.no-Q59 () 7.Ref () 8.DK () 9.NA	() 1.yes-Q58a () 2.no-Q59 () 7.Ref () 8.DK () 9.NA	() 1.yes-Q58a () 2.no-Q59 () 7.Ref () 8.DK () 9.NA	() 1.yes-Q58a () 2.no-Q59 () 7.Ref () 8.DK () 9.NA	() 1.yes-Q58a () 2.no-Q59 () 7.Ref () 8.DK () 9.NA	() 1.yes-Q58a () 2.no-Q59 () 7.Ref () 8.DK () 9.NA
---	---	---	---	---	---

years

99=NA

years

99=NA

years

99=NA

years

99=NA

years

99=NA

years

99=NA

SPECIFY
DETAIL

SPECIFY
DETAIL

SPECIFY
DETAIL

SPECIFY
DETAIL

SPECIFY
DETAIL

SPECIFY
DETAIL

ASK EVERYONE

59. In what country was _____ born?

CODES

01. Canada
 02. U.S.A.
 03. Britain - England, Scotland, Ireland, Wales
 04. Italy
 05. Other European Countries, including Russia
 06. China, Japan, Hong Kong, Korea - Other Oriental Countries
 07. West Indies
 08. South/Central America (except West Indies)
 09. Middle East - Arabia, Israel
 10. India, Pakistan
 11. Africa
 12. Other: specify
 77. Ref
 88. DK

 Specify
 Country
 of
 Birth

60. What language did _____ first learn and use in childhood?

CODES

0. English
 1. French
 2. German
 3. Italian
 4. Ukrainian
 5. Polish
 6. Other - specify
 7. Ref
 8. DK

 Specify
 Language

61. What is the highest level of schooling that _____ has completed?

CODES

- | | | |
|------------------------------|---|---|
| 00 Too young for school | Completed Other | Specify
Highest
level of
schooling |
| 01 less than grade 8 | Post-Secondary | |
| 02 grades 8, 9, 10 | 07 Polytechnical School | |
| 03 grades 11, 12 | 08 Community College | |
| 04 grade 13 | 09 Other College, Trade,
or Apprenticeship | |
| 05 Some other Post-Secondary | 10 Completed University
or Teacher's College | |
| 06 some university | | |
| | | |
| | | |
| | | |

- 77 Ref
 88 DK

[illegible]

62. Please turn to Page 23 in your booklet.

Just to be sure I have everything right, I would like to check the relationship to you of each person in the household. Record presence (entire/part) or absence.

00

Relationship
to Resp.

() 1. Present

for entire
Interview

() 2. Present

for part
Interview

() 3. Absent

for all

Coder: End

of Rectype

Code Consent

in Col. 73

00 Person being interviewed

01 Husband or wife

02 Common-law partner

03 Son or daughter

04 Father or mother

05 Brother or sister

06 Son-in-law or daughter-in-law

07 Father-in-law or mother-in-law

08 Brother-in-law or sister-in-law

09 Grandchild

10 Nephew or niece

11 Other relative:

specify _____

12 Adopted or foster
child13 Lodger, friend or
non-relative

77 Ref

88 DK

99 NA

These next 2 questions are about your (home/apartment).

63. What type of fuel has been used most for heating this (home/apartment)?

() 1. oil or kerosene

() 2. piped gas, eg. natural gas

() 3. bottled gas, eg. propane

() 4. electricity

() 5. wood, coal, or coke

() 6. other

() 7. Ref

() 8. DK

64. Is the (home/apartment) where you live now being rented or is it owned by you or a member of your household?

() 1. rented

For statistical

() 2. owned (or being bought) groupings only

() 7. Ref

() 8. DK

65. Please turn to Page 24 in your booklet.

Could you tell me which letter of the page corresponds to your present total family income before taxes for 1983?

() 01. A Under \$ 5,000

() 02. B \$ 5,000 - \$ 9,999

() 03. C \$10,000 - \$14,999

() 04. D \$15,000 - \$19,999

() 05. E \$20,000 - \$24,999

() 06. F \$25,000 - \$29,999

() 07. G \$30,000 - \$34,999

() 08. H \$35,000 - \$39,999

() 09. I \$40,000 OR MORE

() 77. Refused

() 88. Don't Know - Probe: If you had to guess, what would you say?

() 99. Not applicable

Total Family Includes:

- Respondent

- Spouse/partner

- Children

ONLY

This information will help in
comparing the health of people
in different groupings.

Coder: For this rectype, go to inside back cover.

Relationship to Resp. () 1. Present for entire Interview () 2. Present for part Interview () 3. Absent for all Coder: - End of Rectype Code Consent in Col. 73	Relationship to Resp. () 1. Present for entire Interview () 2. Present for part Interview () 3. Absent for all Coder: - End of Rectype Code Consent in Col. 73	Relationship to Resp. () 1. Present for entire Interview () 2. Present for part Interview () 3. Absent for all Coder: - End of Rectype Code Consent in Col. 73	Relationship to Resp. () 1. Present for entire Interview () 2. Present for part Interview () 3. Absent for all Coder: - End of Rectype Code Consent in Col. 73	Relationship to Resp. () 1. Present for entire Interview () 2. Present for part Interview () 3. Absent for all Coder: - End of Rectype Code Consent in Col. 73	Relationship to Resp. () 1. Present for entire Interview () 2. Present for part Interview () 3. Absent for all Coder: - End of Rectype Code Consent in Col. 73
--	--	--	--	--	--

LEAD TO OBTAIN CONSENT: **READ**

In order to complete the overall health study, the research project may need to include a review of some existing medical records. In order to do this we need your permission.

HAND ONE CONSENT FORM TO RESPONDENT

List ALL area doctors and hospitals as well as addresses.
See Condition Sheets and Pregnancy forms (pages 46-53)

List ONLY for Hamilton, Ancaster, Dundas, Stoney Creek, Flamborough, Glanbrook, Burlington and Grimsby municipalities.

Obtain Respondent Signature -- Interviewer to witness.

HAND CONSENT FORMS FOR UNDER AGE 18 TO RESPONDENT
Repeat procedure.

HAND CONSENT FORMS FOR ABSENT (18 YRS. OR OVER) ADULTS
Repeat procedure.

Signed consent is needed for everyone who has seen a local doctor since 1972 -- even if the person has not seen a doctor for any of the conditions we asked about.

Thank you for your time and co-operation. Terminate.

"Why do you need to read my medical records?"

1. Sometimes a doctor might record an observation or a note to help explain a medical problem in detail or might give a more precise medical term the chart for a specific diagnosis.
2. Sometimes people use different words to describe the same problem and so it is important to see the doctor's notes in some cases.
3. There may be information in the charts relating to laboratory tests, X-rays, or other investigations which might help define some problems more clearly.
4. The study will be strengthened if it includes a thorough comparison of the overall health of everyone regardless of how close they live to the landfill site.
5. Of course, everything will be confidential.

Note: In the study of Landfill Workers, more than 85% of the eligible people we interviewed signed a consent form and more than 95% of all physicians agreed to participate in the study.

INTERVIEWER: FILL IN INSIDE
BACK COVER

Rate degree of co-operation:

- () 1. complete co-operation
 () 2. general co-operation - not fully open on all questions
 () 3. substantial lack of co-operation

Rate degree of comprehension:

- () 1. full comprehension
 () 2. generally good comprehension, not complete on some questions
 () 3. substantial difficulties in comprehension, not complete on a good number of questions

Was there anyone else present during the interview?

- () 1. yes - Who? _____
 () 2. no Record any interaction between persons present that might be relevant to the study. _____

Did R. seem to be concerned about any matters not covered by the questionnaire? (record below)

- () 1. yes () 2. no

Record anything that seems to you to be important about this R. that would not come through clearly in the responses recorded.

Record number of phone calls required to set up appointment.

of phone calls

Record number of home visits required to complete the interview. Include the interview as one visit. Do not count call backs to retrieve consent forms.

of visits

Appointment was set up by:

- () 1. telephone () 2. knock on the door

Was a telephone number: Check only one!

- () 1. provided for you and correct
 () 2. provided for you and not correct
 () 3. not provided, but you found the right one
 () 4. not provided and not found

Date of
interview

59 60

Day

61 62

Month

1984
Year

63 64

Interviewer
I.D.

65 66

Total
Persons
H.H.

67 68

Total
Signed
Consent
H.H.

69 70

Total
ALL
Pregnancies
H.H.

Coder: RECTYPE ends
Col. 73

71 72 73

Total of
ALL Condition
Sheets H.H.

8			
---	--	--	--

Household I.D.

0	0
---	---

Person

0	1
---	---

Rectype

0	1
---	---

Card

--	--

Q1-Coder

3. Since the time you or any of these other people first moved into the home or apartment where you lived near the Upper Ottawa Landfill, did anyone else ever live with you there for any period of time and then move or pass away? Do not include any of the people you have just mentioned.

() 1. yes -- GO TO Q.4

() 2. no	GO TO
() 7. Ref	X
() 8. DK	BELOW

4. Could you tell me their first names or initials as well as the year these people first moved in and the year they moved out or passed away? Interviewer: Fill in the chart below. Record deceased first.

name/ initial	4a Sex	4b Year Moved IN	4c Moved Out OR Died	4d YEAR Died Moved OUT	4e Probe: What was the single most important reason this person moved? OR Do you happen to know the cause of death?
	() 1. Male () 2. Female	19 ____	() 1. moved () 2. died	19 ____	
	() 1. Male () 2. Female	19 ____	() 1. moved () 2. died	19 ____	
	() 1. Male () 2. Female	19 ____	() 1. moved () 2. died	19 ____	
	() 1. Male () 2. Female	19 ____	() 1. moved () 2. died	19 ____	
	() 1. Male () 2. Female	19 ____	() 1. moved () 2. died	19 ____	

4f. Altogether, how many have moved or passed away?

--	--

Record Cause of Death OR
Reason for Move but do not
code.

X -- READ TO EVERYONE

Throughout this interview when we use the word household we have a special meaning. By household we mean those

persons you told me about in the first question. The rest of the interview will be about you, repeat names or initials the top listing.

8. What was the single most important reason why these people moved away from the Upper Ottawa, Stone Church and Limeridge area?

Coder -- For this Rectype
go to page 60, Q63

specify
do not code

CONSENT TO THE DISCLOSURE, TRANSMITTAL
OR EXAMINATION OF A CLINICAL RECORD

Form 14

--	--	--	--

HOUSEHOLD I.D.

--	--

PERSON
I.D.

Each person age 18 or over is required to sign his/her own consent form.

I, _____
(print full name of person signing)

of _____
(address)

hereby consent to the disclosure or transmittal to or the examination by
Researchers for the Upper Ottawa Street Landfill Site Study Committee of
the clinical record compiled in

- | | | | |
|----|------------------------------|-----------|--------|
| 1. | _____ | _____ | _____ |
| | (name of facility/physician) | (address) | (city) |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ |

respect of Mr. _____ Whose date
Miss _____ of Birth is: _____
Mrs. (name of patient -- PRINT) _____ Day Month Year

(witness)

(signature) () for self

OR () for other person named directly above
under age 18, and for which I am the
parent or legal guardian or for other
person named directly above for which
I am the legal guardian

Dated the _____ day of _____ 19 ____.

Forms complete in detail?

<u>C</u>	<u>P</u>
() yes	() yes
() no	() no

APPENDIX D: CODING MANUALS

- Household Information: Personal Interviews
- Person Information: Personal Interviews
- Condition Sheets: Personal Interviews
- Pregnancy Forms: Personal Interviews
- Abstraction Forms: Chart Abstractions

Note: The coding manuals for Rectypes 09, 10, 11, and 12 which relate to Q.C5 on the condition sheets, i.e. "year first saw the doctor" are identical to those for rectypes 04, 05, 06 and 07 which relate to Q.C2 on the condition sheets, i.e. "year first noticed symptoms".

Hamilton Opinion Research Centre Ltd.
33 King St. E. Suite 10
DUNDAS, Ontario
L9H 5R1
(416) 627-9293(4)

Upper Ottawa Street

Landfill Study

Residents Study

COVER SHEET

_____ # of Outstanding Consent forms to Retrieve

_____ # of Signed Consent (Forms)

_____ # of Refused Consent (Forms)

_____ # of Not Eligible for Consent (Forms)

TOTAL _____ # of PERSONS IN THIS HOUSEHOLD

INTERVIEWER
NUMBER

--	--

This information will need to be transferred to the questionnaire.

Call Number	1	2	3	4	5	6	7	8
Date								
Day of Week								
Time of Day								
Phone								
Results								

If no interview is completed, give detailed reasons:

IF MOVED: Record new address and how you were able to find it.

SCREEN:

8

Just to be sure we have the right family, did anyone in your household ever live on the east end of the Hamilton Mountain, that is, near the Upper Ottawa, Stone Church or Limeridge areas? () Anywhere near the area - take the interview () Yes - Take the interview () No - Not Eligible

Hamilton Opinion Research Centre Ltd.
33 King St. E. Suite 10
DUNDAS, Ontario
L9H 5R1
(416) 627-9293(4)

Upper Ottawa Street

Landfill Study

Residents Study

COVER SHEET

SCREEN

___ # of Outstanding Consent forms to Retrieve
___ # of Signed Consent (Forms)
___ # of Refused Consent (Forms)
___ # of Not Eligible for Consent (Forms)

TOTAL ___ # of PERSONS IN THIS HOUSEHOLD

INTERVIEWER
NUMBER

--	--

This information will need to be transferred to the questionnaire.

Call Number	1	2	3	4	5	6	7	8
Date								
Day of Week								
Time of Day								
Phone / Visit								
Results								

If no interview is completed, give detailed reasons:

IF MOVED: Record new address and take the interview if the new address is in Hamilton, Ancaster, Dundas, Stoney Creek, Glanbrook, Mount Hope, Caledonia, Binbrook, Flamborough, Burlington or Grimsby

3000 SERIES

3221

Address: —

L8T 4m3

Residents

Adults 1.

2.

Children

1.

2.

3.

4.

5.

Others

1.

2.

3.

4.

Sex	Year of Birth	Year Moved in
<u>F</u>	<u>46</u>	<u>77</u>
<u>m</u>	<u>47</u>	<u>77</u>

<u>m</u>	<u>70</u>	<u>77</u>
<u>F</u>	<u>74</u>	<u>77</u>
<u>F</u>	<u>76</u>	<u>77</u>
<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>

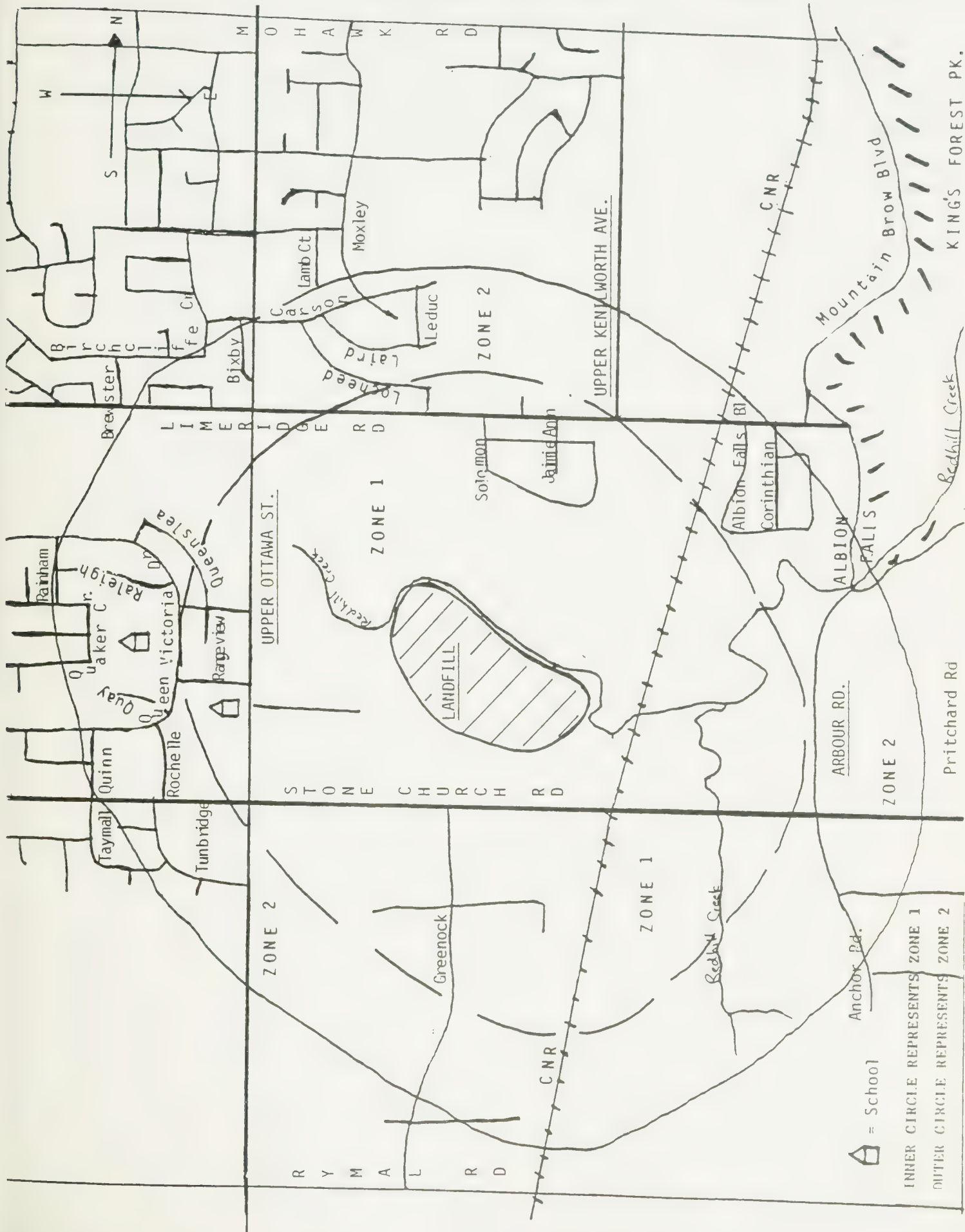
<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>—</u>

RESPONDENT BOOKLET

UPPER OTTAWA STREET LANDFILL RESIDENTS' HEALTH STUDY

SPRING 1984

PAGE 1



ANEMIA

SKIN ALLERGIES

HAYFEVER OR OTHER ALLERGIES

ASTHMA

ARTHRITIS OR RHEUMATISM

CANCER

CEREBRAL PALSY

DIABETES

EMPHYSEMA OR CHRONIC BRONCHITIS

MENTAL RETARDATION

ANY EMOTIONAL DISORDERS EXCLUDING MENTAL RETARDATION

EPILEPSY

HIGH BLOOD PRESSURE

HEART DISEASE

KIDNEY DISEASE

STOMACH ULCER

THYROID TROUBLE OR GOITRE

RECURRING MIGRAINE HEADACHES

PARALYSIS OF ANY KIND

SERIOUS TROUBLE WITH THE BACK, SPINE, LEGS, HIPS,
ARMS, SHOULDERS, OTHER JOINTS, OR OTHER BONES

ONE DRINK EQUALS

ONE PINT BOTTLE OF BEER (12 OUNCES)

ONE SMALL GLASS OF WINE (4 OUNCES)

ONE SHOT OF LIQUOR OR SPIRITS (1-1½ OUNCES)
WITH OR WITHOUT MIX

A SHOT WITH A BEER CHASER OR A DOUBLE
SHOULD BE COUNTED AS 2 DRINKS.

TWO OR MORE TIMES A DAY

ONCE A DAY

4 TO 6 TIMES A WEEK

2 OR 3 TIMES A WEEK

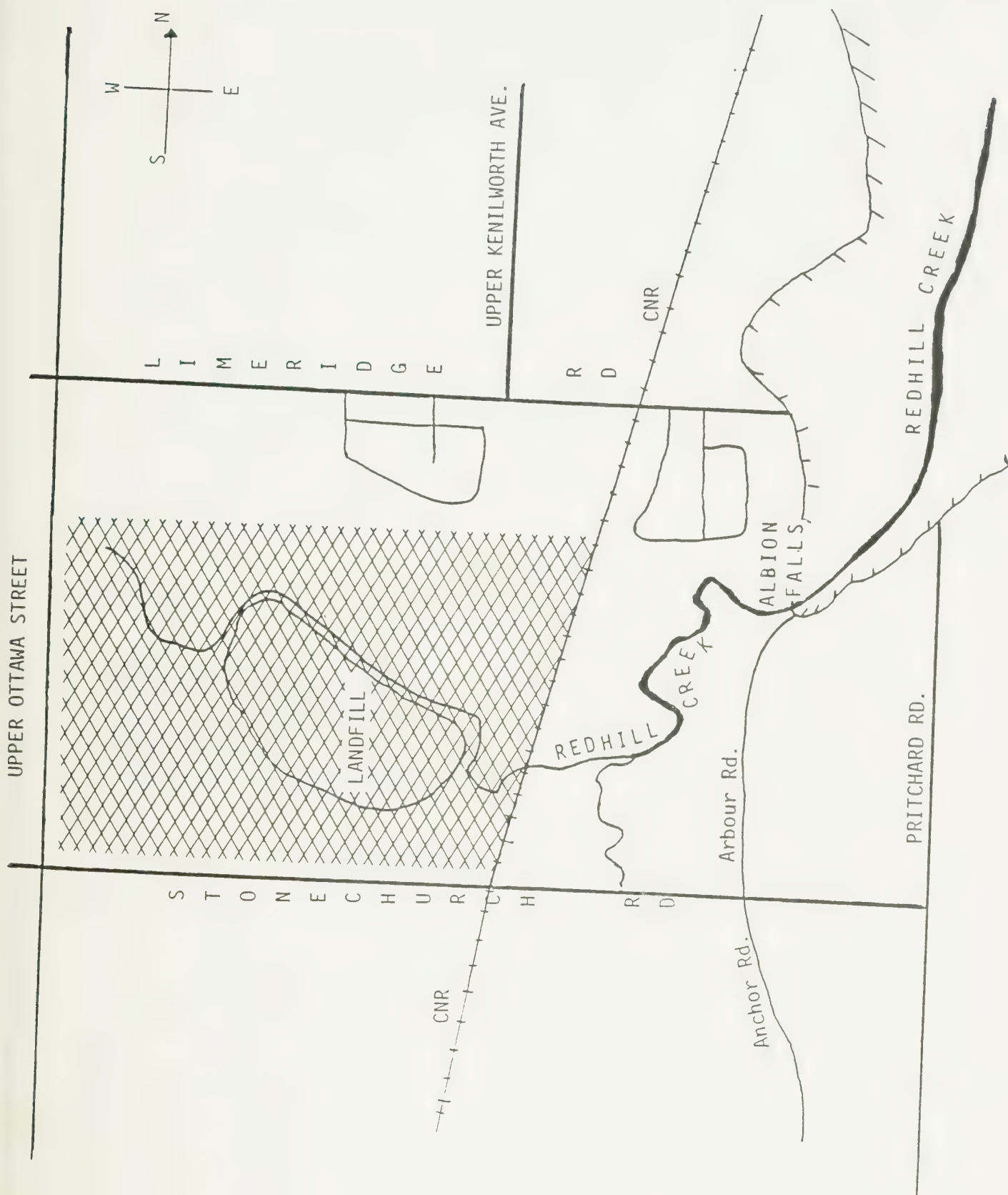
ABOUT ONCE A WEEK

2 OR 3 TIMES A MONTH

ABOUT ONCE A MONTH

LESS OFTEN THAN ONCE A MONTH

NOT AT ALL IN THE LAST TWELVE MONTHS



INCLUDE ALL PAST AND PRESENT CONDITIONS (SINCE 1972)

LUNGS

ATTACKS OF BRONCHITIS

CHRONIC BRONCHITIS

EMPHYSEMA

PNEUMONIA, INCLUDING BRONCHOPNEUMONIA

HAYFEVER

ASTHMA

SHORTNESS OF BREATH

5 OR MORE COLDS A YEAR

PERIODS OR EPISODES OF COUGH AND PHLEGM LASTING
FOR 3 WEEKS OR MORE

WHEEZY OR WHISTLING CHEST FOR MOST DAYS OR NIGHTS
THROUGHOUT THE YEAR

OTHER LUNG PROBLEMS - TELL THE INTERVIEWER

INCLUDE ALL PAST AND PRESENT CONDITIONS (SINCE 1972)

HEART AND CIRCULATION

(CARDIOVASCULAR)

HEART ATTACK

HEART FAILURE OR CONGESTIVE HEART DISEASE

ANGINA

HEART MURMUR

HIGH BLOOD PRESSURE

OTHER HEART OR CIRCULATION PROBLEM - TELL THE INTERVIEWER

INCLUDE ALL PAST AND PRESENT CONDITIONS (SINCE 1972)

BLOOD AND LYMPH SYSTEM

INFECTIOUS MONONUCLEOSIS

FREQUENT OR PROLONGED BRUISING

ANEMIA, THAT IS, LOW BLOOD COUNT

NOSEBLEEDS (NOT FROM INJURY)

OTHER ABNORMAL BLEEDING (WHAT PART OF THE BODY?)

OTHER BLOOD PROBLEM - TELL THE INTERVIEWER

INCLUDE ALL PAST AND PRESENT CONDITIONS (SINCE 1972)

KIDNEY AND BLADDER CONDITIONS

BLOOD IN URINE

NEPHRITIS OR PYELONEPHRITIS

REPEATED INFECTIONS IN THE BLADDER OR URINARY TRACT

ENLARGED KIDNEYS OR CYSTIC KIDNEYS

SHRUNKEN KIDNEYS

KIDNEY FAILURE

ENLARGED PROSTATE

KIDNEY STONES

NOT BEING ABLE TO URINATE WHEN NEEDED

PAINFUL URINATION

NEEDING TO GET UP MORE THAN ONCE AT NIGHT TO URINATE

OTHER KIDNEY, BLADDER OR PROSTATE PROBLEM - TELL THE
INTERVIEWER

INCLUDE ALL PAST AND PRESENT CONDITIONS (SINCE 1972)

DIGESTIVE CONDITIONS

FOOD ALLERGIES

DIABETES

GALL STONES OR OTHER GALL BLADDER PROBLEMS

LIVER ENLARGEMENT

CIRRHOSIS OF LIVER

STOMACH ULCERS

HEPATITIS OR JAUNDICE

FREQUENT INDIGESTION

ALCOHOL INTOLERANCE

FREQUENT NAUSEA OR VOMITING

FREQUENT DIARRHEA

FREQUENT CONSTIPATION

LOSS OF APPETITE

LOSS OF WEIGHT

OTHER DIGESTIVE CONDITION - TELL THE INTERVIEWER

INCLUDE ALL PAST AND PRESENT CONDITIONS (SINCE 1972)

SKIN CONDITIONS

SKIN CANCER

PSORIASIS

ECZEMA

SKIN SORES WHICH DO NOT HEAL EASILY

RECURRENT SCALY, DRY, OR ITCHY SKIN

OR SEVERE SKIN RASHES OR HIVES

PROBLEMS UNUSUAL ACNE

WITH: BOILS, WARTS, OR CYSTS

WHITE OR DARK PATCHES ON THE SKIN

ANY OTHER SKIN PROBLEM - TELL THE INTERVIEWER

A ANYPLACE ON THE HANDS, FACE, OR NECK

--OR--

A ON THE ARMS OR LEGS DURING THE SUMMER ONLY

B SOMEPLACE ELSE (INCLUDING ARMS OR LEGS IN OTHER SEASONS)

C BOTH A AND B ABOVE

INCLUDE ALL PAST AND PRESENT CONDITIONS (SINCE 1972)

HEAD AND NECK CONDITIONS

UNUSUAL NOSE IRRITATION OR NASAL DISCHARGE

SINUS PROBLEMS

THROAT INFECTIONS

PROLONGED, IRRITATED, SORE THROAT

SWOLLEN OR SORE GUMS

RED, ITCHY, WATERY, SORE, DRY, OR INFLAMED EYES

BLIND OR SEVERELY IMPAIRED VISION

EARACHES, EAR INFECTIONS

RINGING IN THE EARS OR TINNITUS

DIFFICULTY WITH HEARING

OTHER HEAD AND NECK CONDITION - TELL THE INTERVIEWER

INCLUDE ALL PAST AND PRESENT CONDITIONS (SINCE 1972)

NERVE AND MUSCLE CONDITIONS

CONVULSIONS OR SEIZURES WITH FEVER

EPILEPSY OR SEIZURES WITHOUT FEVER

FREQUENT OR SEVERE HEADACHES

FREQUENT DIZZINESS OR BLURRED VISION

CONSTANT FATIGUE, LETHARGY OR DROWSINESS

PROBLEMS WITH BALANCE, COORDINATION, REACTION TIME, CLUMSINESS

TREMBLING OR SHAKINESS OF FINGERS OR HANDS OR ARMS

UNABLE TO USE ARMS, HANDS, LEGS OR FEET DUE TO PARALYSIS

MUSCLE WEAKNESS OF LEGS OR FEET

ARMS OR HANDS

NUMBNESS, TINGLING, PRICKLING, OR LOSS OF SENSATION ON

LEGS OR FEET

ARMS OR HANDS

PAIN OR CRAMPS IN LEGS OR FEET

ARMS OR HANDS

TROUBLE SLEEPING

FREQUENT FEELINGS OF ANXIETY OR DEPRESSION

IRRITABILITY

HYPERACTIVITY OR RESTLESSNESS OR
TROUBLE SITTING STILL

MENTAL RETARDATION

LEARNING OR MEMORY DISORDERS EXCLUDING MENTAL RETARDATION

PERSONALITY CHANGES

NERVOUS BREAKDOWN

SCHIZOPHRENIA

MANIC DEPRESSIVE DISORDER

ANY OTHER NERVE OR MUSCLE DISORDER - TELL THE INTERVIEWER

INCLUDE ALL PAST AND PRESENT CONDITIONS (SINCE 1972)

OTHER HEALTH CONDITIONS

ARTHRITIS OR RHEUMATISM

BONE INFECTION

OTHER BONE OR JOINT DISEASE

CANCER OR LEUKEMIA OR LYMPHOMA OR HODGKINS DISEASE

PROBLEMS WITH RESISTANCE TO DISEASE OR SEEM TO GET SICK EASILY

ACCIDENT OR INJURY WHICH LEFT SOMEONE WITH A PERMANENT
DISABILITY - TELL THE INTERVIEWER

HEAD INJURY WITH LOSS OF CONSCIOUSNESS

BURN REQUIRING ADMISSION TO HOSPITAL

ACCIDENTAL POISONING REQUIRING ADMISSION TO HOSPITAL

ACCIDENT CAUSING BROKEN BONES OR FRACTURES

INCLUDE ALL PAST AND PRESENT CONDITIONS (SINCE 1972)

UNDER 16: PROBLEMS WITH NORMAL CHILD DEVELOPMENT IN TERMS OF:

PHYSICAL GROWTH OR DEVELOPMENT

SOCIAL DEVELOPMENT OR GETTING ALONG
WITH OTHERS

EMOTIONAL DEVELOPMENT IN TERMS OF
ATTITUDES, FEELINGS, OUTLOOK AND SO ON

ADULT: FEMALES ONLY - MENSTRUAL PROBLEMS

ADULT: MALES AND FEMALES - REPRODUCTIVE PROBLEMS, THAT IS DIFFICULTY
STARTING A PREGNANCY EVEN AFTER ONE YEAR
OF TRYING

PHYSICIAN REPRODUCTIVE DIAGNOSES (SINCE 1972)

<u>DOCTOR DIAGNOSIS FOR FEMALES</u>	<u>DOCTOR DIAGNOSIS FOR MALES</u>
A DID NOT DISCUSS WITH DOCTOR	A DID NOT DISCUSS WITH DOCTOR
B HORMONE OR GLAND PROBLEM	B PROBLEM WITH EJACULATION
C PROBLEM WITH EGG PRODUCTION	C PROBLEM WITH SPERM COUNT
D PROBLEM WITH THE WOMB OR UTERUS	D PROBLEM WITH ERECTION
E BLOCKED TUBES	E PROBLEM WAS WITH SPOUSE OR PARTNER
F PROBLEM WAS WITH SPOUSE OR PARTNER	F OTHER PROBLEM SUCH AS EMOTIONAL OR TRYING TOO HARD - TELL THE INTERVIEWER
G OTHER PROBLEM SUCH AS EMOTIONAL OR TRYING TOO HARD - TELL THE INTERVIEWER	G NO REASON FOUND BY DOCTOR
H NO REASON FOUND BY DOCTOR	

CONDITIONS AT BIRTH

-
- | | |
|----|--|
| 11 | SPINA BIFIDA |
| 12 | ANENCEPHALY |
| 13 | HYDROCEPHALUS |
| 14 | MICROCEPHALY |
| 10 | A PROBLEM WITH THE BRAIN OR SPINAL CORD NOT RECOGNIZED ABOVE -- TELL THE INTERVIEWER |
-

- | | |
|----|---|
| 21 | PHOCOMELIA OR OTHER LIMB REDUCTION DEFORMITIES |
| 22 | ACHONDROPLASIA |
| 23 | CLUBFOOT |
| 24 | POLYDACTYLY |
| 25 | SYNDACTYLY |
| 26 | CONGENITAL DISLOCATION OF HIP |
| 20 | A PROBLEM WITH THE ARMS, LEGS, HANDS, FINGERS, SHOULDERS OR HIPS NOT RECOGNIZED ABOVE -- TELL THE INTERVIEWER |
-

- | | |
|----|---|
| 31 | CLEFT LIP AND/OR PALATE |
| 30 | A PROBLEM WITH THE FACE, LIP, OR MOUTH NOT RECOGNIZED ABOVE -- TELL THE INTERVIEWER |
-

- | | |
|----|--|
| 41 | HYPOSPADIAS |
| 42 | UNDESCENDED TESTIS/TESTES |
| 43 | HYDROCOELE |
| 44 | INTERSEX |
| 40 | A PROBLEM WITH THE GENITALS NOT RECOGNIZED ABOVE -- TELL THE INTERVIEWER |
-

51 HEART ANOMALY

52 GREAT VESSEL ANOMALY

50 A PROBLEM WITH THE HEART OR THE LARGE BLOOD VESSELS
NOT RECOGNIZED ABOVE -- TELL THE INTERVIEWER

61 DOWN'S SYNDROME

60 A CHROMOSOME PROBLEM NOT RECOGNIZED ABOVE -- TELL THE
INTERVIEWER

71 MICRO OPHTHALMOS

72 BLINDNESS IN ONE OR BOTH EYES

73 CATARACTS

70 A PROBLEM WITH THE EYES NOT RECOGNIZED ABOVE -- TELL
THE INTERVIEWER

81 MISSING ABDOMINAL WALL, THAT IS GASTROSCHISIS

82 PYLORIC STENOSIS

83 ANAL ATRESIA

84 HIRSCHSPRUNG'S DISEASE

80 A PROBLEM WITH THE STOMACH OR INTESTINES NOT RECOGNIZED
ABOVE -- TELL THE INTERVIEWER

91 MAJOR URINARY PROBLEM SUCH AS RENAL AGENESIS

92 WIDESPREAD MAJOR DEFECT IN THE SKIN

93 HYDROPS OR ASCITES

94 MINOR SKIN PROBLEMS - TAGS, EXTRA NIPPLES AND SO ON

95 MAJOR RESPIRATORY PROBLEM SUCH AS DIAPHRAGMATIC HERNIA

96 BENIGN TUMOURS

97 CANCEROUS TUMOURS

98 IMMUNE DEFICIENCY

99 MULTIPLE MAJOR DEFORMITIES

90 OTHER PROBLEMS NOT LISTED ANYWHERE ON PAGE 16 OR 17 --
TELL THE INTERVIEWER

MEDICATIONS OR TREATMENTS DURING PREGNANCY

DILANTIN OR PHENYTOIN

SPECIAL X-RAY EXAMINATIONS SUCH AS REPEATED CHEST OR
ABDOMINAL X-RAYS, A BARIUM MEAL OR BARIUM ENEMA

HORMONES OR BIRTH CONTROL PILLS

BENDECTINE OR OTHER DRUGS TO CONTROL NAUSEA

WARFARIN OR COUMADIN

TETRACYCLINE

MEDICINE FOR A THYROID PROBLEM

CONTACT WITH SUBSTANCES (AT WORK)

BENZENE

CHLOROPRENE

FORMALDEHYDE

MERCURY

POLYCHLORINATED DIPHENYLS - PCB

STYRENE

TOLUENE

ANAESTHETIC GASES AT WORK BUT NOT FOR PERSONAL SURGERY

ARSENIC

ETHYLENE OXIDE

LEAD FUMES

CARBON MONOXIDE

VINYL CHLORIDE

BERYLLIUM

RESULT OF PREGNANCY

LIVE BIRTH

TWINS, 1 LIVE AND 1 STILLBORN

MISCARRIAGE OR SPONTANEOUS ACCIDENTAL ABORTION

INTENTIONAL ABORTION

STILLBORN, DEAD AT BIRTH

BABY BIRTH WEIGHTS

3 POUNDS 5 OUNCES (1500 GRAMS) OR LESS

MORE THAN 3 POUNDS 5 OUNCES (1500 GRAMS)

BUT

LESS THAN 5 POUNDS 8 OUNCES (2500 GRAMS)

5 POUNDS 8 OUNCES (2500 GRAMS) OR MORE

OCCUPATIONS

PRESCHOOL

STUDENT

WHITE COLLAR

BLUE COLLAR

HOUSEWIFE

UNEMPLOYED

RETIRED

HOUSEHOLD RELATIONSHIPS

TO PERSON BEING INTERVIEWED

HUSBAND OR WIFE

COMMON-LAW PARTNER

SON OR DAUGHTER

FATHER OR MOTHER

BROTHER OR SISTER

SON-IN-LAW OR DAUGHTER-IN-LAW

FATHER-IN-LAW OR MOTHER-IN-LAW

BROTHER-IN-LAW OR SISTER-IN-LAW

GRANDCHILD

NEPHEW OR NIECE

OTHER RELATIVE -- TELL THE INTERVIEWER

ADOPTED OR FOSTER CHILD

LODGER, FRIEND OR NON-RELATIVE

TOTAL FAMILY INCOME

- A UNDER \$ 5,000
- B \$ 5,000 - \$ 9,999
- C \$10,000 - \$14,999
- D \$15,000 - \$19,999
- E \$20,000 - \$24,999
- F \$25,000 - \$29,999
- G \$30,000 - \$34,999
- H \$35,000 - \$39,999
- I \$40,000 OR MORE

I.D. HOUSEHOLD	I.D. PERSON	RECTYPE CODER	CARD CODER	CONDITION #	CONDITION
-------------------	----------------	------------------	---------------	-------------	-----------

Now we have some other questions about the health conditions you mentioned. It may be difficult to tell in some cases if the condition has actually disappeared. Therefore, "Don't Know" is a legitimate response.

C1. Does _____ still have _____? () 1. yes () 2. no () 7. Ref () 8. DK

C2. In what year did _____ first have any symptoms relating to _____?
PROBE FOR BEST GUESS OF YEAR. (See Probes below.) 19 1st Yr.

C3. In what year did _____ last have any symptoms relating to _____?
(1984 = still has symptoms) (Sometimes symptoms may go away but the condition is still there.) 19 Last Yr.

C4. Did _____ ever discuss this condition with a doctor? () 1. yes () 2. no () 7. Ref () 8. DK () 0. NA
Go to next sheet

C5. When did _____ first see a doctor about this? 19 Year First Saw Doctor

C6. Which doctors currently practising in the Hamilton-Wentworth, Burlington and Grimsby areas did _____ see for this condition, since 1972?
Interviewer: GP = General Practitioner or Family Doctor SPEC = Specialist
: Circle GP or SPEC

GP	GP
SPEC	SPEC
GP	GP
SPEC	SPEC

() 1. None seen locally since 1972 for this condition
() 2. GP only () 3. SPEC only () 4. Both GP and SPEC Ignore others.

C7. Was _____ hospitalized for this problem?
Include emergency room, day surgery and any overnight stay.
Exclude outpatient visits to physicians or for tests.
() 1. yes () 2. no () 7. Ref () 8. DK () 0. NA
Go to next sheet

C8. When was _____ first hospitalized for this problem? (Admission Date) GET BEST GUESS 19 Year First Hospitalized

C9. Into which hospital was _____ admitted at that time?

() 1. Hamilton General	() 6. Joseph Brant (Burlington)
() 2. Henderson General	() 7. West Lincoln Memorial (Grimsby)
() 3. St. Joseph's	() 8. Hamilton Psychiatric Hospital
() 4. Chedoke	() 0. NA
() 5. McMaster	() 0. Other, DK., Ref., specify: _____

C10. Not including what you have just told me, how many times was _____ hospitalized for this problem since 1972?
IF ZERO -- GO TO NEXT SHEET. # of times

PROBE: C11. Which hospital(s) and when was that, start with the last or most recent admission.

RECORD MOST RECENT FIRST

19	<input type="text"/> <input type="text"/> Last Yr.	Hosp.	<input type="text"/>
Yr		Hosp.	
Yr		Hosp.	

PROBES for BEST GUESS for year: Between 1980-1984? 1976-1979? 1972-1975?
Decade: 60's?; 50's?; 40's?

NOTE: All Area Physician and Hospital names must appear on consent form later.
Mark tab at the top of Q're. to retrieve names for consent.

Var.No.	Question	Description	Columns	Code	Instructions
001		Household I.D. #	1,2,3,4		Code 4 digit number
002		Person I.D. #	5,6	00	Code 00
003		Record type	7,8	01	Code 01
004		Card number	9,10	01	Card 01
005	Q.1	Number in Household	11,12		Code 2 digit number
006	Q.3	Has anyone Moved or Passed Away?	13	1=Yes 2=No 7=Ref 8=DK Put 9's in Col. 14-43 and 00 in Col. 44-45	Go To Q4
007	Q.4a1	Other #1 Sex	14	1=Male 2=Female	
008	Q4b1	Other #1 Year Moved In	15,16	97=Ref 98=DK 99=NA	Code 2 digit number
009	Q4c1	Other #1 Moved or Died	17	1=Moved 2=Died	
010	Q4d1	Other #1 Year Died or Moved Out	18,19		Code 2 digit number

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RECORD TYPE 01 - HOUSEHOLD INFORMATION

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Var.No.	Question	Description	Columns	Code	Instructions
011	Q4a2	Other #2 Sex	20	1=Male 2=Female	
012	Q4b2	Other #2 Year Moved In	21,22		Code 2 digit number
013	Q4c2	Other #2 Moved or Died	23	1=Moved 2=Died	
014	Q4d2	Other #2 Year Died or Moved Out	24,25		Code 2 digit number
015	Q4a3	Other #3 Sex	26	1=Male 2=Female	
016	Q4b3	Other #3 Year Moved In	27,28		Code 2 digit number
017	Q4c3	Other #3 Moved or Died	29	1=Moved 2=Died	
018	Q4d3	Other #3 Year Died or Moved Out	30,31		Code 2 digit number
019	Q4a4	Other #4 Sex	32	1=Male 2=Female	
020	Q4b4	Other #4 Year Moved In	33,34		Code 2 digit number

Var.No.	Question	Description	Columns	Code	Instructions
021	Q4c4	Other #4 Moved or Died	35	1=Moved 2=Died	
022	Q4d4	Other #4 Year Died or Moved Out	36, 37		Code 2 digit number
023	Q4a5	Other #5 Sex	38	1=Male 2=Female	
024	Q4b5	Other #5 Year Moved In	39, 40		Code 2 digit number
025	Q4c5	Other #5 Moved or Died	41	1=Moved 2=Died	
026	Q4d5	Other #5 Year Died or Moved Out	42, 43		Code 2 digit number
027	Q4f	Total Moved or Died	44, 45	00=No one moved or died 77=Ref 88=DK 99 is not appropriate for these cols.	Code 2 digit number

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RECORD TYPE 01 - HOUSEHOLD INFORMATION

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Var.No.	Question	Description	Columns	Code	Instructions
028	Q63	Type of Fuel used most for heating	46	1=oil or kerosene 2=piped gas eg. natural gas 3=bottled gas eg. propane 4=electricity 5=wood, coal or coke 6=other 7=Ref 8=DK 9=NA	
029	Q64	Present Residence rented or owned?	47	1=rented 2=owned (or being bought) 7=Ref 8=DK	

Var.No.	Question	Description	Columns	Code	Instructions
030	Q65	Total Family Income 1983	48,49	01=A Under 5,000 02=B 5,000 - 9,999 03=C 10,000 - 14,999 04=D 15,000 - 19,999 05=E 20,000 - 24,999 06=F 25,000 - 29,999 07=G 30,000 - 34,999 08=H 35,000 - 39,999 09=I 40,000 or more 77=Ref 88=DK	Code 2 digit number
031	I1	Degree of Co-operation	50	1=complete co-operation 2=general co-operation 3=substantial lack of co-operation	
032	I2	Degree of Comprehension	51	1=full comprehension 2=general comprehension 3=substantial difficulties in comprehension	
033	I3	Anyone else present during interview?	52	1=yes 2=no	
034	I4	Other concerns not covered in Qre	53	1=yes 2=no	

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RECORD TYPE 01 - HOUSEHOLD INFORMATION

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Var.No.	Question	Description	Columns	Code	Instructions
035	I6	Number of Phone Calls for appointment	54,55		Code 2 digit number
036	I7	No. of Visits to complete interview	56		Code 1 digit number
037	I8	Appointment set up by:	57	1=telephone 2=knock on the door	
038	I9	Was telephone number:	58	1=provided for you and correct 2=provided for you and not correct 3=not provided but you found the right one 4=not provided and not found	
039		Date of Interview	59,60		Code 2 digit number
040		Month of Interview	61,62	03=March 04=April 05=May 06=June 07=July 08=August	Code 2 digit number
041		Interviewer ID#	63,64		Code 2 digit number

Var.No.	Question	Description	Columns	Code	Instructions
042	Q1	Total in Household	65,66	See Q1	Code 2 digit number
043		Total Signed Consent	67,68	00=None	Code 2 digit number
044		Total All Pregnancies (ALL, not just live births)	69,70	00=None or before 1968 Twins= 1 pregnancy	Code 2 digit number
045		Total All Condition Sheets	71,72,73	000=None	Code 3 digit number

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RECORD TYPE 02 - PERSON INFORMATION

PAGE 1

Var.No.	Question	Description	Columns	Code	Instructions
046		Household I.D. #	1,2,3,4		Code 4 digit number
047		Person I.D. #	5,6		Code 2 digit number
048		Record type	7,8	02	Code 02
049		Card Number	9,10	01	Card 01
050	Tab	Person Year of Birth	11,12	97=Ref 98=DK 99=NA 00=1900 or earlier	Code year given
051	Tab	Person Age	13,14	01=1 year or less 96=96 years or older 97=Ref 98=DK 99=NA	Code 2 digit number
052	Tab	Person Sex	15	1=Male 2=Female	
053	Tab	Doc Name on Consent Sheet	16	1=Yes 2=No	Code 2(No) if no answer given
054	Q5	Year each member Moved In	17,18	97=Ref 98=DK 99=NA	Code year given
055	Q6	Lived in Marked Zones Before?	19	1=yes 2=no 7=Ref 8=DK	<p>MUST DO CALCULATION</p> <p>Go to Question 6a</p> <p>Put 9's in</p> <p>Col. 20 - 27</p>

Var.No.	Question	Description	Columns	Code	Instructions
056	Q6a, 6b	Zone 1 from:	20, 21	97=Ref	Code year given
057	Q6a, 6b	Zone 1 to:	22, 23	98=DK	
058	Q6a, 6b	Zone 2 from:	24, 25	99=NA	
059	Q6a, 6b	Zone 2 to:	26, 27	00=1900 or earlier	
060	Q6a, 6b	Total Years Zone 1	28, 29	96=7xxx series 00=Never 01=1 year or less	Calculation: If H.H. I.D. starts with lxxx or 2xxx this is Zone 1 (84-Col.17,18)= yrs. in Zone 1 NOW If H.H. I.D. starts with 3xxx or 4xxx this is Zone 2 (84-Col.17,18)=yrs. in Zone 2 NOW (Col.22,23-Col.20,21)= yrs. in Zone 1 BEFORE (Col.26,27-Col.24,25)= yrs. in Zone 2 BEFORE Total Years in Zone 1 (Column 28,29) Zone 1 NOW + Zone 1 BEFORE Total Years in Zone 2 (Col.30,31) Zone 2 NOW + Zone 2 BEFORE
061	Q6a, 6b	Total Years Zone 2	30, 31	96=7xxx series 00=Never 97=Ref 98=DK 01=1 year or less Note: There were no household listings for the 7xxx series, hence it was unknown whether the residence should be treated as a Zone 1 or Zone 2 resident.	
				*	
				*	

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PERSON INFORMATION

RECORD TYPE 02 -

Var.No.	Question	Description	Columns	Code	Instructions
062	Q6a,6b	Total Years Zone 1 and Zone 2	32,33	00=Never 00 is illegal for 1, 2, 3, 4 and 7xxx series	Total for (Col.28,29) + (Col.30,31)
063	Q7 Q7:1	Anyone presently have: Anemia	34	1=yes 2=no	Use same coding scheme Q7, Sections 1 through 20
064	Q7:2	Skin Allergies	35		
065	Q7:3	Hayfever or Other Allergies	36		
066	Q7:4	Asthma	37		
067	Q7:5	Arthritis or Rheumatism	38		
068	Q7:6	Cancer	39		
069	Q7:7	Cerebral Palsy	40		
070	Q7:8	Diabetes	41		
071	Q7:9	Emphysema or Chronic Bronchitis	42		
072	Q7:10	Mental Retardation	43		
073	Q7:11	Any Emotional Disorders	44		
074	Q7:12	Epilepsy	45		
075	Q7:13	High Blood Pressure	46		
076	Q7:14	Heart Disease	47		
077	Q7:15	Kidney Disease	48		

RECORD TYPE 02 - PERSON INFORMATION

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Var.No.	Question	Description	Columns	Code	Instructions
078	Q7:16	Stomach Ulcer	49	1=Yes	Use same coding scheme Q7, Sections 1 through 20
079	Q7:17	Thyroid Trouble or Goitre	50	2=No	
080	Q7:18	Recurring Migraine Headaches	51		
081	Q7:19	Paralysis of any kind	52		
082	Q7:20	Other trouble with Joints or Bones	53		
083	Q8	Does anyone Smoke cigarettes daily?	54	1=Yes 2=No 7=Ref 8=DK	Go to Q8a Go to Q8c and put 9's in col. 55-58 inclusive
084	Q8a	Age started smoking - smoker	55, 56	96=96 years or older 97=Ref 98=DK 99=NA	Code 2 digit number Code midpoint for range (round upward when necessary)
085	Q8b	Number smoked daily - smoker	57, 58	As given 97=Ref 98=DK 99=NA	For smoker, less than 1 per day average = 0

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RECORD TYPE 02 - PERSON INFORMATION

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Var.No.	Question	Description	Columns	Code	Instructions
086	Q8c	Experience of non-smoker	59	1=Never 2=Now occasionally 3=Used to occasionally 4=used to daily 7=Ref 8=DK 9=NA	Go to Q9, put 9's in col. 60-65 inclusive Most recent pattern when more than 1 response
087	Q8d	Number smoked daily - non-smoker	60,61	As given 97=Ref 98=DK 99=NA	00=Go to Q9 and put 9's in Col. 62,63,64 and 65
088	Q8e	Age started smoking daily-non smoker	62,63	96=96 years or older 97=Ref 98=DK 99=NA	Code 2 digit number Code midpoint for range (round upward when necessary)
089	Q8f	Age stopped smoking daily-non smoker	64,65	96=96 years or older 97=Ref 98=DK 99=NA	Code 2 digit number Code midpoint for range (round upward when necessary)
090	Q9	Pipe, cigar, cigarillo smoked daily?	66	1=yes 2=no 7=Ref 8=DK	

RECORD TYPE 02 - PERSON INFORMATION

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Var.No.	Question	Description	Columns	Code	Instructions
091	Q10	Experience with alcohol	67,68	01=two or more times a day 02=once a day 03=4 to 6 times a week 04=2 or 3 times a week 05=about once a week 06=2 or 3 times a month 07=about once a month 08=less often than once a month 09=not at all in the last 12 months 77=Ref 88=DK 09=Does not drink or NA	No one drinks - Code 09

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RECORD TYPE 02 - PERSON INFORMATION

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Var.No.	Question	Description	Columns	Code	Instructions
	Q11	Do these 20 times or more 1976-1980:		1=yes 2=no 7=Ref 8=DK	Use same coding scheme Q11, sections a through e
092	Q11a	Fishing in Red Hill Creek	69		
093	Q11b	Use water - Red Hill or Albion Falls	70		
094	Q11c	Recreation in Red Hill Creek	71		
095	Q11d	Winter activities in shaded area	72		
096	Q11e	Activity at other times during year	73		
097	Q1	H.H. number of persons See Var 005	74,75	Code 2 digits from Rectype 01 Col. 11-12	
098	Q4f	H.H. number Move or Die See Var 027	76,77	Code 2 digits from Rectype 01 Col. 44-45	

Var.No.	Question	Description	Columns	Code	Instructions
099		Household I.D. #	1,2,3,4		Code 4 digit number
100		Person I.D. #	5,6		Code 2 digit number
101		Record Type	7,8	03	Code 03
102		Card Number	9,10	01	Card 01
103	Q13a	Shortness of breath	11	1=yes	Use same coding scheme, Q13 sections a through c
104	Q13b	Stop for breath after walking	12	2=no	
105	Q13c	Too breathless to leave house	13	7=Ref 8=DK 9=NA	
106	Q18	Skin Conditions			Use same coding scheme Q18, Sections 061 through 072
107	Q18:061	Site-Skin Cancer	14	1=A - Exposed	
108	Q18:062	Site-Psoriasis	15	2=B - Elsewhere	
109	Q18:063	Site-Eczema	16	3=C - Both	
110	Q18:064	Site-Skin Sores	17	7=Ref	
111	Q18:065	Site-Scaly, Dry, Itchy Skin	18	8=DK	
112	Q18:066	Site-Rashes or hives	19	9=No Problem	
113	Q18:067	Site-Unusual Acne	20		
	Q18:068	Site-Boils, warts, or cysts	21		

RECORD TYPE 03 - PERSON INFORMATION

Var. No.	Question	Description	Columns	Code	Instructions
114	Q18:069	Site-Patches on the skin	22	1=A - Exposed	Use same coding scheme Q18, Sections 061 through 072
115	Q18:070	Site-Other #1	23	2=B - Elsewhere	
116	Q18:071	Site-Other #2	24	3=C - Both	
117	Q18:072	Site-Other #3	25	7=Ref 8=DK 9=No Problem	
118	Q22:129a	Doctor Diagnosis - Male	26	0=A Did not discuss with doctor 1=B Problem with ejaculation 2=C Problem with sperm count 3=D Problem with erection 4=E Problem was with spouse or partner 5=F Other problem such as emotional or trying too hard 6=G No reason found by doctor 8=Ref or DK 9=NA	Use <u>CODE 9</u> if answer to Q129 is <u>NO</u> Q129a will not be asked, therefore, Code 9 All females = Code 9

RECORD TYPE 03 - PERSON INFORMATION

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Var.No.	Question	Description	Columns	Code	Instructions
119	Q22:129a	Doctor Diagnosis-Female	27	0=A Did not discuss with doctor 1=B Hormone or gland problem 2=C Problem with egg production 3=D Problem with the womb or uterus 4=E Blocked tubes 5=F Problem was with spouse or partner 6=G Other problem such as emotional or trying too hard 7=H No reason found by doctor 8=Ref or DK 9=NA	Use <u>CODE 9</u> if answer to Q129 is <u>NO</u> Q129a will not be asked, therefore, Code 9 All males = Code 9
120		Total Number of Conditions	28, 29	00=No conditions for this person	Code 2 digit number

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RECORD TYPE 03 - PERSON INFORMATION

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Var.No.	Question	Description	Columns	Code	Instructions
121	Q23	First 5 steps at what age?	30	0=not yet 1= 1-12 months 2=13-18 months 3=19-24 months 4=25-36 months 5=more than 3 years 6=paralyzed 7=Ref 8=DK 9=NA	Note: All persons age 16 and over go to Q.35 -- put 9's in col. 30-47 inclusive for those persons who skip this section → Go to Q35; use 9's
					CODER: In this section be careful with the skip pattern 9 or 99 = Not Asked
122	Q24	Three words in phrase at what age?	31	0=Not yet 1= 1-24 months 2=25-30 months 3=31-36 months 4=more than 3 years 7=Ref 8=DK 9=NA	Code number

RECORD TYPE 03 - PERSON INFORMATION

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Var.No.	Question	Description	Columns	Code	Instructions
123	Q25	Difficulty speaking or using words	32	1=yes 2=no 7=Ref 8=DK 9=NA	
124	Q26	Go to school?	33	1=yes 2=no 7=Ref 8=DK 9=NA	→ Go to Q28; use 9's NA means Not Asked If NA use code 9
125	Q27	What grade? - Under 16	34, 35	00=Kindergarten 14=Beyond Grade 13 99=NA 98=DK or Special Ed.	Code 2 digit number and put in 9's in col. 36,37 for the skip pattern Go to Q30
126	Q28	Why not attending school?	36	1=too young 2=parental choice 3=dropped out 4=health reason 5=other 7=Ref 8=DK 9=NA	→ Go to Q33; use 9's

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RECORD TYPE 03 - PERSON INFORMATION

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Var. No.	Question	Description	Columns	Code	Instructions
127	Q29	Ever go to School?	37	1=yes 2=no 7=Ref 8=DK 9=NA	→ Go to Q32; use 9's → Go to Q33; use 9's
128	Q30	Limited work due to problems	38	1=yes 2=no 7=Ref 8=DK 9=NA	→ Go to Q32
129	Q31	Limited for how long?	39	1=less than 1 month 2= 1-6 months 3=more than 6 months 4=always 7=Ref 8=DK 9=NA	

Var.No.	Question	Description	Columns	Code	Instructions
130	Q32	Ever repeated or failed a grade?	40	1=yes 2=no 7=Ref 8=DK 9=NA	Go to Q33
131	Q33 Q33a	Received counselling for: Perceptually handicapped children	41	0=yes, full time 1=yes, part time 2=no 7=Ref 8=DK 9=NA	Use same coding scheme Q33, sections a through f
132	Q33b	Emotionally disturbed children	42		
133	Q33c	Slow learners	43		
134	Q33d	Advanced learners	44		
135	Q33e	Therapy for speech problems	45		
136	Q33f	Other remedial education	46		
137	Q34	Other conditions or complaints	47	1=yes 2=no 7=Ref 8=DK 9=NA	

Var.No.	Question	Description	Columns	Code	Instructions
138	Q35	Any pregnancies since 1968?	48	1=yes 2=no (females) 7=Ref 8=DK 9=NA (males only)	Use 9's for Not Asked i.e. all males -- females cannot receive Code 9 → Go to Q52 (and use 9's in col. 49,50)
139	Q35a	No. of pregnancies (Not No. of live births) (1 set of twins= 1 pregnancy)	49,50	99=for all males and all females who have never been pregnant	Code 00 is <u>not</u> acceptable. Code 2 digit number
140	Q52	Years worked in Zone 1 or Zone 2	51,52	00=No one or never 01=1 yr. or less	Code 2 digit number 99 is <u>not</u> acceptable
141	Q53	Years a student in Zone 1 or Zone 2	53,54	00=No one or never 01=1 yr. or less	Code 2 digit number 99 is <u>not</u> acceptable
142	Q54	Years homemaker in Zone 1 or Zone 2	55,56	00=No one or never 01=1 yr. or less	Code 2 digit number 99 is <u>not</u> acceptable

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RESIDENTS' HEALTH STUDY

RECORD TYPE 03 - PERSON INFORMATION

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Var.No.	Question	Description	Columns	Code	Instructions
143	Q55	Occupation	57	0=Preschool 1=Student 2=White Collar 3=Blue Collar 4=Housewife 5=Unemployed 7=Ref 8=DK 6=Retired	
144	Q56	Work full time for 6 months	58	1=yes 2=no (none) 7=Ref 8=DK	Go to Q57 Go to Q59; use 9's for col. 59-64
145	Q57	Work in very dusty job	59	1=yes 2=no 7=Ref 8=DK 9=NA	Go to Q57a Go to Q58; use 9's
146	Q57a	Years in dusty job	60,61	97=Ref 98=DK 99=Not Asked 01=1 year or less	Code 2 digit number

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RECORD TYPE 03 - PERSON INFORMATION

Var. No.	Question	Description	Columns	Code	Instructions
147	Q58	Chemical fumes or gases at work	62	1=yes 2=no 7=Ref 8=DK 9=NA	→ Go to Q58a → Go to Q59; use 9's
148	Q58a	Years in gaseous jobs	63, 64	97=Ref 98=DK 99=Not Asked 01=1 year or less	Code 2 digit number

RECORD TYPE 03 - PERSON INFORMATION

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Var.No.	Question	Description	Columns	Code	Instructions
149	Q59	Country of Birth	65,66	01=Canada 02=U.S.A. 03=Britain 04=Italy 05=Other European Countries 06=China, Japan, Hong Kong, Korea - other Oriental countries 07=West Indies 08=South-Central America 09=Middle East - Arabia, Israel 10=India, Pakistan 11=Africa 12=Other 77=Ref 88=DK	Code 2 digit number
150	Q60	First Language	67	0=English 1=French 2=German 3=Italian 4=Ukranian 5=Polish 6=Other 7=Ref 8=DK	

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RECORD TYPE 03 - PERSON INFORMATION

Var.No.	Question	Description	Columns	Code	Instructions
151	Q61	Highest Level of Schooling Completed	68,69	00=too young for school 01=less than Grade 8 02=Grades 8, 9, 10 03=Grades 11,12 04=Grade 13 05=Some Other Post- Secondary 06=Some University 07=Polytechnical School 08=Community College 09=Other College, Trade, or Apprenticeship 10=Completed University or Teacher's College 77=Ref 88=DK or Special Ed.	Code 2 digit number

RECORD TYPE 03 - PERSON INFORMATION

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Var.No.	Question	Description	Columns	Code	Instructions
152	Q62	Relationship	70,71	00=Person being interviewed 01=Husband or wife 02=Common-law partner 03=Son or daughter 04=Father or mother 05=Brother or sister 06=Son-in-law or daughter-in-law 07=Father-in-law or mother-in-law 08=Brother-in-law or sister-in-law 09=Grandchild 10=Nephew or Niece 11=Other Relative 12=Adopted or Foster Child 13=Lodger, Friend or Non-relative 77=Ref 88=DK 99=NA	Code 2 digit number

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RECORD TYPE 03 - PERSON INFORMATION

Var.No.	Question	Description	Columns	Code	Instructions
153		This person was:	72	1=Present for entire interview 2=Present for part interview 3=Absent for all	
154		Consent Form	73	1=Signed 2=Refused 3=Not eligible	
155	Q63	H.H. fuel See VAR 028	74	Code digit from Rectype 01 Col. 46	
156	Q64	H.H. Rented or Owned See VAR 029	75	Code digit from Rectype 01 Col. 47	
157	Q65	H.H. Income See VAR 030	76,77	Code 2 digits from Rectype 01 Cols. 48-49	

RECORD TYPE 08 - PREGNANCY FORMPAGE 1

Var.No.	Question	Description	Columns	Code	Instructions
309		Household I D #	1,2,3,4	<u>NO</u> 9's used in this Rectype	Code 4 digit number
310		Person I D #	5,6	<div>NOTE 00 or 0 FOR NA</div>	Code 2 digit number
311		Record Type	7,8	08	Code 08
312		Card Pregnancy Number	9,10 9,10	01-99 Exclude all pregnancies before <u>1968</u>	Card 01=Preg #1 02=Preg #2 etc. Code 2 digit number
313	Q37	Preg. ID:Twin-Trip #1	11,12	00=No Twin or Triplet	Code 2 digit number Treat twins as separate pregnancies
314	Q37	Preg. ID:Trip #2	13,14		

Var. No.	Question	Description	Columns	Code	Instructions
315	Q36	Month Pregnancy Ended	15, 16	01=January 02=February 03=March 04=April 05=May 06=June 07=July 08=August 09=September 10=October 11=November 12=December 88=DK	Code 2 digit number
316	Q36	Year Pregnancy Ended NOT before 1968	17, 18	97=Ref 98=DK	Code 2 digit number
317	Q38	Months Pregnancy Lasted	19, 20	01=1 month or less 77=Ref 88=DK	Code 2 digit number

RECORD TYPE 08 - PREGNANCY FORM

PAGE 3

Var.No.	Question	Description	Columns	Code	Instructions
318	Q39	Any Birth Conditions	21	1=Yes 2=No 7=Ref 8=DK	→ Go to Q39a → Go to Q40 and put 0's for NA col. 22-33
319	Q39a,b	Birth Prob 1: Codes on Int. Page	22,23	See Coding Manual P. 14-15 Note: JAUNDICE is not a birth defect Code 99 is illegal -condition 99 is coded as 09	Code 2 digit number If more than 6 defects reported, notify the Client for which 6 to code
320	Q39a,b	Birth Prob 2: Codes on Int. Page	24,25		
321	Q39a,b	Birth Prob 3: Codes on Int. Page	26,27		
322	Q39a,b	Birth Prob 4: Codes on Int. Page	28,29		

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RECORD TYPE 08 - PREGNANCY FORM

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Var. No.	Question	Description	Columns	Code	Instructions
323	Q39a,b	Birth Prob 5: Codes on Int. Page	30,31	See Coding Manual P. 14-15	Code 2 digit number If more than 6 defects reported, notify the Client for which 6 to code
324	Q39a,b	Birth Prob 6: Codes on Int. Page	32,33		
325	Q40 Q40a	Treatment During Pregnancy Dilantin or Phenytoin	34	Note: Do not include DIET PILLS or VASODYLON 1=Yes 2=No 7=Ref 8=DK 0=NA	
326	Q40b	Special X-ray Exams (Not Ultrasound)	35		

Var.No.	Question	Description	Columns	Code	Instructions
327	Q40 Q40c	Treatment During Pregnancy Hormones-Birth Control Pills	36	1=Yes 2=No 7=Ref 8=DK 0=NA	
328	Q40d	Bendectine	37		
329	Q40e	Warfarin or Coumadin	38		
330	Q40f	Tetracycline	39		
331	Q40g	Medicine for Thyroid Problem	40		

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RECORD TYPE 08 - PREGNANCY FORM

PAGE 6

Var.No.	Question	Description	Columns	Code	Instructions
	Q41	Ever Have During Pregnancy:			
332	Q41a	Diabetes	41	1=Yes 2=No 7=Ref 8=DK	Use same coding scheme Q41, sections 2 through e
333	Q41b	Vaginal or Pelvic Infections	42		
334	Q41c	Operation Requiring Anaesthetic	43		
335	Q41d	German Measles	44		
336	Q41e	Other Infection or Illness	45		

Var.No.	Question	Description	Columns	Code	Instructions
337	Q42 Q42a	Come in Contact at work: Benzene	46	Note: code DITTO FLUID as (1) Yes CHLOROPRENE 1=Yes 2=No 7=Ref 8=DK 0=NA or Does Not Work	If none put 2's in col. 46-59 If NA put 0's in col. 46-59
338	Q42b	Chloroprene	47		
339	Q42c	Formaldehyde	48		
340	Q42d	Mercury	49		
341	Q42e	Polychlorinated Biphenyls-PCB	50		

Var.No.	Question	Description	Columns	Code	Instructions
342	Q42f	Styrene	51	1=Yes 2=No 7=Ref 8=DK 0=NA or Does Not Work	
343	Q42g	Toluene	52		
344	Q42h	Anaesthetic gases	53		
345	Q42i	Arsenic	54		
346	Q42j	Ethylene Oxide	55		

RECORD TYPE 08 - PREGNANCY FORM

PAGE 9

Var.No.	Question	Description	Columns	Code	Instructions
347	Q42k	Lead Fumes	56	1=Yes 2=No 7=Ref 8=DK 0=NA	
348	Q42l	Carbon Monoxide	57		
349	Q42m	Vinyl Chloride	58		
350	Q42n	Beryllium	59		
351	Q43	Cigarettes Daily at Start	60,61	00=Never Smoked 97=Ref 98=DK	Code 2 digit number
352	Q43	Cigarettes Daily at end	62,63	Small pack = 20 Large pack = 25 Carton = 200	

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RECORD TYPE 08 - PREGNANCY FORM

PAGE 10

Var.No.	Question	Description	Columns	Code	Instructions
353	Q44	Drink Alcoholic Beverages	64	1=Daily 2=Weekly 3=Monthly 4=Occasionally 5=Never 7=Ref 8=DK	'0' Not Acceptable here
354	Q45	Result of Pregnancy	65	1= A-Live Birth 2= B-Twins, 1 live 1 Stillborn 3= C-Miscarriage or Accidental Abortion 4= D-Intentional Abortion 5= E-Stillborn, dead at birth	→ Go to Q47 — Put 0's in columns which are skipped → Go to Q47 → Go to Q46 → Go to Q51 → Go to Q51 —
355	Q46	Doctor Aware of Miscarraige?	66	1=Yes 2=No 7=Ref 8=DK 0=NA	Go to Q51

RECORD TYPE 08 - PREGNANCY FORM

PAGE 11

Var.No.	Question	Description	Columns	Code	Instructions
356	Q47	Weight at Birth	67	0=NA 7=Ref 8=DK 1=3 lbs 5 oz OR LESS 2=More than 3 lbs 5 oz BUT less than 5 lbs 8 oz 3=5 lbs 8 oz OR MORE	
357	Q48	Is baby still living in household?			
	Q48a	Which person is that?	68,69	00=No Otherwise code the 2 digit Person I.D.	IF YES Go to Q51 (0's in Col.70-74)
358	Q49	Baby lived here from:	70,71		Code 2 digit number
359	Q49	Baby lived here to:	72,73	00=Died in Hospital OR Never	Code 2 digit number

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RESIDENTS' HEALTH STUDY

RECORD TYPE 08 -

PREGNANCY FORM

PAGE 12

Var.No.	Question	Description	Columns	Code	Instructions
360	Q50	Why does baby no longer live here?	74	1=Deceased 2=Health 3=Other 7=Ref 8=DK 0=NA or Never	Code 00 if baby is still part of household
361	Q51	Name of Hospital	75	1=Hamilton General 2=Henderson General 3=St. Joseph's 4=Chedoke 5=McMaster (MUMC) 6=Joseph Brant - Burlington 7=West Lincoln Memorial-Grimsby 0=Other, None, DK, Ref	

RECORD TYPE 08 - PREGNANCY FORM

Var.No.	Question	Description	Columns	Code	Instructions
362		No. of Pregnancies this mother had See VAR 139	76,77	Code 2 digits from Rectype 03 Col. 49-50 for the Mother of this pregnancy	
VAR 363-416		Repeat of Rectype 08 Card	02		
417-470			03		
471-524			04		
525-578			05		
579-632			06		
633-686			07		
687-740			08		
741-794			09		
etc.			etc.		

CONDITIONS AT BIRTH

Coding Manual
Rectype 08
(See Q39a,b) Page 14

-
- | | |
|----|---|
| 11 | SPINA BIFIDA |
| 12 | ANENCEPHALY |
| 13 | HYDROCEPHALUS |
| 14 | MICROCEPHALY |
| 10 | A PROBLEM WITH THE BRAIN OR SPINAL CORD NOT RECOGNIZED
ABOVE -- TELL THE INTERVIEWER |
-

- | | |
|----|--|
| 21 | PHOCOMELIA OR OTHER LIMB REDUCTION DEFORMITIES |
| 22 | ACHONDROPLASIA |
| 23 | CLUBFOOT |
| 24 | POLYDACTYLY |
| 25 | SYNDACTYLY |
| 26 | CONGENITAL DISLOCATION OF HIP |
| 20 | A PROBLEM WITH THE ARMS, LEGS, HANDS, FINGERS, SHOULDERS
OR HIPS NOT RECOGNIZED ABOVE -- TELL THE INTERVIEWER |
-

- | | |
|----|--|
| 31 | CLEFT LIP AND/OR PALATE |
| 30 | A PROBLEM WITH THE FACE, LIP, OR MOUTH NOT RECOGNIZED
ABOVE -- TELL THE INTERVIEWER |
-

- | | |
|----|---|
| 41 | HYPOSPADIAS |
| 42 | UNDESCENDED TESTIS/TESTES |
| 43 | HYDROCOELE |
| 44 | INTERSEX |
| 40 | A PROBLEM WITH THE GENITALS NOT RECOGNIZED ABOVE --
TELL THE INTERVIEWER |
-

CONDITIONS AT BIRTH CONTINUED

Coding Manual
Rectype 08
(See Q39a,b) Page 15

51 HEART ANOMALY

52 GREAT VESSEL ANOMALY

50 A PROBLEM WITH THE HEART OR THE LARGE BLOOD VESSELS
NOT RECOGNIZED ABOVE -- TELL THE INTERVIEWER

61 DOWN'S SYNDROME

60 A CHROMOSOME PROBLEM NOT RECOGNIZED ABOVE -- TELL THE
INTERVIEWER

71 MICRO OPHTHALMOS

72 BLINDNESS IN ONE OR BOTH EYES

73 CATARACTS

70 A PROBLEM WITH THE EYES NOT RECOGNIZED ABOVE -- TELL
THE INTERVIEWER

81 MISSING ABDOMINAL WALL, THAT IS GASTROSCHISIS

82 PYLORIC STENOSIS

83 ANAL ATRESIA

84 HIRSCHSPRUNG'S DISEASE

80 A PROBLEM WITH THE STOMACH OR INTESTINES NOT RECOGNIZED
ABOVE -- TELL THE INTERVIEWER

91 MAJOR URINARY PROBLEM SUCH AS RENAL AGENESIS

92 WIDESPREAD MAJOR DEFECT IN THE SKIN

93 HYDROPS OR ASCITES

94 MINOR SKIN PROBLEMS - TAGS, EXTRA NIPPLES AND SO ON

95 MAJOR RESPIRATORY PROBLEM SUCH AS DIAPHRAGMATIC HERNIA

96 BENIGN TUMOURS

97 CANCEROUS TUMOURS

98 IMMUNE DEFICIENCY

09 MULTIPLE MAJOR DEFORMITIES

90 OTHER PROBLEMS NOT LISTED ANYWHERE ON PAGE 16 OR 17 --
TELL THE INTERVIEWER

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
							0	8																															
41				45				50						55					60					65					70					75	\$	\$			80

1				5				10						15				20						25					30					35					40
							0	8																															
41				45				50						55				60						65					70					75	.	\$	\$		80

1				5				10						15				20						25					30					35					40
							0	8																															
41				45				50						55				60						65					70					75	.	\$	\$		80

1				5				10						15				20						25					30					35					40
							0	8																															
41				45				50						55				60						65					70					75	.	\$	\$		80

1				5				10						15				20						25					30					35					80
							0	8																														40	
41				45				50						55				60						65					70					75	.	\$	\$		80

1				5				10						15				20						25					30					35					40
							0	8																															
41				45				50						55				60						65					70					75	.	\$	\$		80

1				5				10						15				20						25					30					35					40
							0	8																															
41				45				50						55				60						65					70					75	.	\$	\$		80

Var.No.	Question	Description	Columns	Code	Instructions
1		Household I.D. #	1,2,3,4	<div>NOTE 00 or 0 for NA</div> 77 01,02,03, etc.	Code 4 digit number
2		Person I.D. #	5,6		Code 2 digit number
3		Record Type	7,8		Code 77
4		Card	9,10		Code 2 digit number 3 conditions per card
5 18 31		Condition #	11,12,13 32,33,34 53,54,55	1st set of cols. = 1st cond. 2nd set of cols. = 2nd cond. 3rd set of cols. = 3rd cond.	Code 3 digit number Note - 3 conditions per card
6 19 32	C1	Still have condition?	14 35 56	1=yes 2=no 7=Ref 8=DK	
7 20 33	C2	Year of First Symptoms	15,16 36,37 57,58	01=1900 or earlier 97=Ref 98=DK 00=NA	Code 2 digit number When 2 dates given take mid-point
8 21 34	C3	Last year of symptoms	17,18 38,39 59,60	84=still has symptoms 01=1900 or earlier 97=Ref 98=DK 00=NA	Code 2 digit number When 2 dates given take mid-point

RECORD TYPE 77 - CONDITION SHEETPAGE 2

Var.No.	Question	Description	Columns	Code	Instructions
9 22 35	C4	Discuss condition with a doctor	19 40 61	1=yes 2=no 7=Ref 8=DK 0=NA	Put 0's in Col. 20-31 inclusive
10 23 36	C5	Year first saw doctor	20, 21 41, 42 62, 63	00=Did not see but spoke with Doctor 01=1900 or earlier 97=Ref 98=DK 00=NA	Code 2 digit number
11 24 37	C6	Doctors seen for condition	22 43 64	1=None since 1972 2=GP only 3=SPEC only 4=GP and SPEC 7=Ref 8=DK 0=NA	
12 25 38	C7	Hospitalized for this Problem	23 44 65	1=yes 2=no 7=Ref 8=DK 0=NA	Put 0's in Col. 24-31 inclusive

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RESIDENTS' HEALTH STUDY

RECORD TYPE 17 - CONDITION SHEET

PAGE 3

Var.No.	Question	Description	Columns	Code	Instructions
13 26 39	C8	Year first hospitalized	24, 25 45, 46 66, 67	01=1900 or earlier 97=Ref 98=DK 00=NA	Code 2 digit number
14 27 40	C9	Admitted to which hospital	26 47 68	1=Hamilton General 2=Henderson General 3=St. Joseph's 4=Chedoke 5=McMaster (MUMC) 6=Joseph Brant (Burlington) 7=West Lincoln Memorial (Grimsby) 8=Hamilton Psychiatric Hospital 0=Other, DK, Ref, NA	
15 28 41	C10	No. of times hospitalized for problem	27, 28 48, 49 69, 70	00=Zero or NA 00	Code 2 digit number Put 0's in Col. 29-31 inclusive
16 29 42	11	Year hospitalized - most recent	29, 30 50, 51 71, 72	01=1900 or earlier 97=Ref 98=DK 00=NA	

Var.No.	Question	Description	Columns	Code	Instructions
17 30 43	C11	Hospital	31 52 73	1=Hamilton General 2=Henderson General 3=St. Joseph's 4=Chedoke 5=McMaster (MUMC) 6=Joseph Brant 7=West Lincoln Memorial 8=Hamilton Psychiatric Hospital 0=Other, DK, Ref, NA	
44	Total	Number of Conditions this person	74,75	00=None	
45	99	Constant	76,77	Code 99	

NOTE: The year the symptoms were first noticed for the 135 conditions will be attached to the Master file as: (Question C.2--Col. 15-16; 36-37; 57-58)

Rectype 04 Var 158 TO Var 196 (4 I.D. VARS. + 35 cond.)
 05 Var 197 TO Var 235 (4 I.D. VARS. + 35 cond.)
 06 Var 236 TO Var 274 (4 I.D. VARS. + 35 cond.)
 07 Var 275 TO Var 307 (4 I.D. VARS. + 29 cond.)

TOTAL 16 I.D. VARS. + 134 Conditions

NOTE: Condition #135 will NOT be coded.

VAR 308 will be total conditions for this person.

Var. No.	Quest	Description	Columns	Code	
158		Household I.D. #	1,2,3,4		Code 4 digit number
159		Person I.D. #	5,6		Code 2 digit number
160		Record Type	7,8	04	Code 04
161		Card Number	9,10	01	Card 01
162	C.001	Attacks of bronchitis	11,12	Year Symptom First Noticed Q.C2 Condition Sheet <u>CODES:</u> 00 = 1st year not asked 01 = 1900 or earlier 97 = Ref 98 = DK 99 = Blank	
163	C.002	Chronic bronchitis	13,14		
164	C.003	Emphysema	15,16		
165	C.004	Pneumonia bronchopneumonia	17,18		
166	C.005	Hayfever	19,20		
167	C.006	Asthma	21,22		
168	C.007	Shortness of breath	23,24		
169	C.008	5 or more colds a year	25,26		
170	C.009	Periods of cough and phlegm	27,28		
171	C.010	Wheezy chest	29,30		
172	C.011	Other lung #1	31,32		
173	C.012	Other lung #2	33,34		
174	C.013	Other lung #3	35,36		
175	C.014	Heart attack	37,38		
176	C.015	Heart failure or congestive heart	39,40		

See

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Rectype 77

Var. No.	Quest	Description	Columns	Code
177	C.016	Angina	41,42	Year Symptom First Noticed
178	C.017	Heart murmur	43,44	
179	C.018	High blood pressure	45,46	
180	C.019	Other heart or circulation #1	47,48	
181	C.020	Other heart or circulation #2	49,50	
182	C.021	Other heart or circulation #3	51,52	
183	C.022	Infectious mononucleosis	53,54	
184	C.023	Frequent or prolonged bruising	55,56	
185	C.024	Anemia that is low blood count	57,58	
186	C.025	Nosebleeds not from injury	59,60	
187	C.026	Other abnormal bleeding	61,62	Q.C2 Condition Sheet
188	C.027	Other blood problem #1	63,64	
189	C.028	Other blood problem #2	65,66	
190	C.029	Other blood problem #3	67,68	
191	C.030	Blood in urine	69,70	
192	C.031	Nephritis or pyelonephritis	71,72	
193	C.032	Repeat infection bladder-urinary	73,74	
194	C.033	Enlarged kidneys or cystic kidneys	75,76	
195	C.034	Shrunken kidneys	77,78	
196	C.035	Kidney failure	79,80	

CODES:

00 = 1st year not asked

01 = 1900 or earlier

97 = Ref

98 = DK

99 = Blank

RESIDENTS' HEALTH STUDY

Var. No.	Quest	Description	Columns	Code
197		Household I.D. #	1,2,3,4	Code 4 digit number
198		Person I.D. #	5,6	Code 2 digit number
199		Record Type	7,8	Code 05
200		Card Number	9,10	Card 01
201	C.036	Enlarged prostate	11,12	<div>See Page 4 of Rectype 77</div> Year Symptom First Noticed Q.C2 Condition Sheet <u>CODES:</u> 00 = 1st year not asked 01 = 1900 or earlier 97 = Ref 98 = DK 99 = Blank
202	C.037	Kidney stones	13,14	
203	C.038	Not able to urinate when needed	15,16	
204	C.039	Painful urination	17,18	
205	C.040	Get up at night to urinate	19,20	
206	C.041	Other kidney bladder prostate #1	21,22	
207	C.042	Other kidney bladder prostate #2	23,24	
208	C.043	Other kidney bladder prostate #3	25,26	
209	C.044	Food allergies	27,28	
210	C.045	Diabetes	29,30	
211	C.046	Gall stones or other gall bladder	31,32	
212	C.047	Liver enlargement	33,34	
213	C.048	Cirrhosis of liver	35,36	
214	C.049	Stomach ulcers	37,38	
215	C.050	Hepatitis or jaundice	39,40	

Var. No.	Quest	Description	Columns	Code
216	C.051	Frequent indigestion	41,42	Year Symptom First Noticed Q.C2 Condition Sheet <u>CODES:</u> 00 = 1st year not asked 01 = 1900 or earlier 97 = Ref 98 = DK 99 = Blank
217	C.052	Alcohol intolerance	43,44	
218	C.053	Frequent nausea or vomiting	45,46	
219	C.054	Frequent diarrhea	47,48	
220	C.055	Frequent constipation	49,50	
221	C.056	Loss of appetite	51,52	
222	C.057	Loss of weight	53,54	
223	C.058	Other digestive #1	55,56	
224	C.059	Other digestive #2	57,58	
225	C.060	Other digestive #3	59,60	
226	C.061	Skin cancer	61,62	
227	C.062	Psoriasis	63,64	
228	C.063	Eczema	65,66	
229	C.064	Skin sores which do not heal easy	67,68	
230	C.065	Recurrent scaly dry itchy skin	69,70	
231	C.066	Recurrent skin rashes or hives	71,72	
232	C.067	Recurrent unusual acne	73,74	
233	C.068	Recurrent boils warts or cysts	75,76	
234	C.069	White or dark patches on the skin	77,78	
235	C.070	Other skin #1	79,80	

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RECORD TYPE 06 - PERSON CONDITIONS 071-105

PAGE 1

Var. No.	Quest	Description	Columns	Code	
236		Household I.D. #	1,2,3,4		Code 4 digit number
237		Person I.D. #	5,6		Code 2 digit number
238		Record Type	7,8	06	Code 06
239		Card Number	9,10	01	Card 01
<div>See Page 4 of Rectype 77</div>					
240	C.071	Other skin #2	11,12		Year Symptom First Noticed Q.C2 Condition Sheet <u>CODES:</u> 00 = 1st year not asked 01 = 1900 or earlier 97 = Ref 98 = DK 99 = Blank
241	C.072	Other skin #3	13,14		
242	C.073	Nose irritation or discharge	15,16		
243	C.074	Sinus problems	17,18		
244	C.075	Throat infections	19,20		
245	C.076	Prolonged irritated sore throat	21,22		
246	C.077	Swollen or sore gums	23,24		
247	C.078	Red itchy watery sore inflamed eye	25,26		
248	C.079	Blind or severely impaired vision	27,28		
249	C.080	Earaches ear infections	29,30		
250	C.081	Ringling in the ears or tinnitus	31,32		
251	C.082	Difficulty with hearing	33,34		
252	C.083	Other head and neck #1	35,36		
253	C.084	Other head and neck #2	37,38		
254	C.085	Other head and neck #3	39,40		

Var. No.	Quest	Description	Columns	Code
255	C.086	Convulsions or seizures with fever	41,42	Year Symptom First Noticed Q.C2 Condition Sheet <u>CODES:</u> 00 = 1st year not asked 01 = 1900 or earlier 97 = Ref 98 = DK 99 = Blank
256	C.087	Epilepsy or seizures without fever	43,44	
257	C.088	Frequent or severe headaches	45,46	
258	C.089	Frequent dizziness blurred vision	47,48	
259	C.090	Constant fatigue lethargy etc.	49,50	
260	C.091	Problems with balance etc.	51,52	
261	C.092	Trembling of fingers hands arms	53,54	
262	C.093	Unable to use limbs - paralysis	55,56	
263	C.094	Muscle weakness legs or feet	57,58	
264	C.095	Muscle weakness arms or hands	59,60	
265	C.096	Numbness etc. legs or feet	61,62	
266	C.097	Numbness etc. arms or hands	63,64	
267	C.098	Pain or cramps in legs or feet	65,66	
268	C.099	Pain or cramps in arms or hands	67,68	
269	C.100	Trouble sleeping	69,70	
270	C.101	Frequent anxiety or depression	71,72	
271	C.102	Frequent irritability	73,74	
272	C.103	Frequent hyperactivity	75,76	
273	C.104	Mental retardation	77,78	
274	C.105	Learning or memory disorder	79,80	

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RECORD TYPE 07 - PERSON CONDITIONS 106-135

PAGE 1

Var. No.	Quest	Description	Columns	Code	
275		Household I.D. #	1,2,3,4		Code 4 digit number
276		Person I.D. #	5,6		Code 2 digit number
277		Record Type	7,8	07	Code 07
278		Card Number	9,10	01	Card 01
279	C.106	Personality changes	11,12		
280	C.107	Nervous breakdown	13,14		
281	C.108	Schizophrenia	15,16		
282	C.109	Manic depressive disorder	17,18		
283	C.110	Other nerve or muscle #1	19,20		
284	C.111	Other nerve or muscle #2	21,22		
285	C.112	Other nerve or muscle #3	23,24		
286	C.113	Arthritis or rheumatism	25,26		
287	C.114	Bone infection	27,28		
288	C.115	Other bone or joint disease	29,30		
289	C.116	Cancer leukemia lymphoma Hodgkins	31,32		
290	C.117	Resistance to disease	33,34		
291	C.118	Injury and permanent disability #1	35,36		
292	C.119	Injury and permanent disability #2	37,38		
293	C.120	Injury and permanent disability #3	39,40		

See
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Rectype 77

Year Symptom First Noticed

Q.C2 Condition Sheet

CODES:

00 = 1st year not asked

01 = 1900 or earlier

97 = Ref

98 = DK

99 = Blank

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RECORD TYPE 07 - PERSON CONDITIONS 106-135

PAGE 2

Var.No.	Quest	Description	Columns	Code
294	C.121	Head injury with loss of conscious	41,42	Year Symptom First Noticed Q.C2 Condition Sheet <u>CODES:</u> 00 = 1st year not asked 01 = 1900 or earlier 97 = Ref 98 = DK 99 = Blank NOTE: Condition #135 is not coded From Rectype 77 Col. 74,75
295	C.122	Burn with admission to hospital	43,44	
296	C.123	Poison with admission to hospital	45,46	
297	C.124	Other accident with fractures	47,48	
298	C.125	Child physical development	49,50	
299	C.126	Child social development	51,52	
300	C.127	Child emotional development	53,54	
301	C.128	Adult females menstrual problems	55,56	
302	C.129	Adult reproductive problems	57,58	
303	C.130	Other other #1	59,60	
304	C.131	Other other #2	61,62	
305	C.132	Other other #3	63,64	
306	C.133	Other other #4	65,66	
307	C.134	Other other #5	67,68	
308	Total	Number of Conditions this person	69,70	

RECTYPE 77! CONDITION SHEET

41	45	50	52	55	60	65	70	75	80
1	5	10	15	20	25	30	35	40	

41	45	50	52	55	60	65	70	# 75#	80
1	5	10	15	20	25	30	31	35	40

[illegible][illegible][illegible][illegible]

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

Var. No.	Description	Columns	Code	Instructions
901	Patient I.D.#	1 - 6		Code 6 digit number
902	Record Type	7, 8	61	Code 61
903	Card Number	9, 10	01	Card 01
904	Physician I.D.#	11-14		Code 4 digit number
905	Abstractor I.D.#	15, 16		Code 2 digit number
906	C.004 PNEUMONIA, INCLUDING BRONCHOPNEUMONIA Year First Saw Physician	17, 18	00=Never Saw Physician	Code 2 digit number
907	C.004 PNEUMONIA, INCLUDING BRONCHOPNEUMONIA C.2. First Symptoms	19, 20		
908	C.004 PNEUMONIA, INCLUDING BRONCHOPNEUMONIA C.5. Year First Saw Doctor	21, 22		
909	C.004 PNEUMONIA, INCLUDING BRONCHOPNEUMONIA Confirmation Category	23	1.] Confirmed 2.] 3.] Possible 4.] 5. - Not Confirmed Other: Illegible 6.] 7.] Other: Accident	Code as given
910	C.025 NOSEBLEEDS (NOT FROM INJURY) Year First Saw Physician	24, 25	00=Never Saw Physician	Code 2 digit number

Var. No.	Description	Columns	Code	Instructions
911	C.025 NOSEBLEEDS (NOT FROM INJURY) C.2. First Symptoms	26, 27		
912	C.025 NOSEBLEEDS (NOT FROM INJURY) C.5. Year First Saw Doctor	28, 29		
913	C.025 NOSEBLEEDS (NOT FROM INJURY) Confirmation Category	30	1.] Confirmed 2.] 3.] Possible 4.] 5.] - Not Confirmed 6.] Other: Illegible 7.] Other: Accident	Code as given
914	C.040 NEEDING TO GET UP MORE THAN ONCE AT NIGHT TO URINATE Year First Saw Physician	31, 32	00=Never Saw Physician	Code 2 digit number
915	C.040 NEEDING TO GET UP MORE THAN ONCE AT NIGHT TO URINATE C.2. First Symptoms	33, 34		
916	C.040 NEEDING TO GET UP MORE THAN ONCE AT NIGHT TO URINATE C.5. Year First Saw Doctor	35, 36		

Var. No.	Description	Columns	Code	Instructions
917	C.040 NEEDING TO GET UP MORE THAN ONCE AT NIGHT TO URINATE Confirmation Category	37	1.] Confirmed 2.] 3.] Possible 4.] 5. - Not Confirmed 6.] Other: Illegible 7.] Other: Accident	Code as given
918	C.057 LOSS OF WEIGHT Year First Saw Physician	38, 39	00=Never Saw Physician	Code 2 digit number
919	C.057 LOSS OF WEIGHT C.2. First Symptoms	40, 41		
920	C.057 LOSS OF WEIGHT C.5. Year First Saw Doctor	42, 43		
921	C.057 LOSS OF WEIGHT Confirmation Category	44	1.] Confirmed 2.] 3.] Possible 4.] 5. - Not Confirmed 6.] Other: Illegible 7.] Other: Accident	Code as given
922	C.067 RECURRENT OR SEVERE PROBLEMS WITH UNUSUAL ACNE Year First Saw Physician	45, 46	00=Never Saw Physician	Code 2 digit number
923	C.067 RECURRENT OR SEVERE PROBLEMS WITH UNUSUAL ACNE C.2. First Symptoms	47, 48		

Var. No.	Description	Columns	Code	Instructions
924	C.067 RECURRENT OR SEVERE PROBLEMS WITH UNUSUAL ACNE C.5. Year First Saw Doctor	49, 50		
925	C.067 RECURRENT OR SEVERE PROBLEMS WITH UNUSUAL ACNE Confirmation Category	51	1.] Confirmed 2.] 3.] Possible 4.] 5. - Not Confirmed 6.] Other: Illegible 7.] Other: Accident	Code as given
926	C.076 PROLONGED, IRRITATED SORE THROAT Year First Saw Physician	52, 53	00=Never Saw Physician	Code 2 digit number
927	C.076 PROLONGED, IRRITATED SORE THROAT C.2. First Symptoms	54, 55		
928	C.076 PROLONGED, IRRITATED SORE THROAT C.5. Year First Saw Doctor	56, 57		
929	C.076 PROLONGED, IRRITATED SORE THROAT Confirmation Category	58	1.] Confirmed 2.] 3.] Possible 4.] 5. - Not Confirmed 6.] Other: Illegible 7.] Other: Accident	Code as given

Var. No.	Description	Columns	Code	Instructions
930	C.081 RINGING IN THE EARS OR TINNITUS Year First Saw Physician	59,60	00=Never Saw Physician	Code 2 digit number
931	C.081 RINGING IN THE EARS OR TINNITUS C.2. First Symptoms	61,62		
932	C.081 RINGING IN THE EARS OR TINNITUS C.5. Year First Saw Doctor	63,64		
933	C.081 RINGING IN THE EARS OR TINNITUS Confirmation Category	65	1.] Confirmed 2.] 3.] Possible 4.] 5. - Not Confirmed 6.] Other: Illegible 7.] Other: Accident	Code as given
934	C.090 CONSTANT FATIGUE, LETHARGY OR DROWSINESS Year First Saw Physician	66,67	00=Never Saw Physician	Code 2 digit number
935	C.090 CONSTANT FATIGUE, LETHARGY OR DROWSINESS C.2. First Symptoms	68,69		
936	C.090 CONSTANT FATIGUE, LETHARGY OR DROWSINESS C.5. Year First Saw Doctor	70,71		

Var. No.	Description	Columns	Code	Instructions
937	C.090 CONSTANT FATIGUE, LETHARGY OR DROWSINESS Confirmation Category	72	1. <input type="checkbox"/> Confirmed 2. <input type="checkbox"/> Possible 3. <input type="checkbox"/> Not Confirmed 4. <input type="checkbox"/> Other: Illegible 5. <input type="checkbox"/> Other: Accident 6. <input type="checkbox"/> 7. <input type="checkbox"/>	Code as given
938	C.097 NUMBNESS, TINGLING, PRICKLING OR LOSS OF SENSATION ON ARMS OR HANDS Year First Saw Physician	73, 74	00=Never Saw Physician	Code 2 digit number
939	C.097 NUMBNESS, TINGLING, PRICKLING OR LOSS OF SENSATION ON ARMS OR HANDS C.2. First Symptoms	75, 76		
940	C.097 NUMBNESS, TINGLING, PRICKLING OR LOSS OF SENSATION ON ARMS OR HANDS C.5. Year First Saw Doctor	77, 78		
941	C.097 NUMBNESS, TINGLING, PRICKLING OR LOSS OF SENSATION ON ARMS OR HANDS Confirmation Category	79	1. <input type="checkbox"/> Confirmed 2. <input type="checkbox"/> Possible 3. <input type="checkbox"/> Not Confirmed 4. <input type="checkbox"/> Other: Illegible 5. <input type="checkbox"/> Other: Accident 6. <input type="checkbox"/> 7. <input type="checkbox"/>	Code as given

Var. No.	Description	Columns	Code	Instructions
942	Patient I.D.#	1 - 6		Code 6 digit number
943	Record Type	7, 8	62	Code 62
944	Card Number	9, 10	01	Card 01
945	C.006 ASTHMA Year First Saw Physician	11, 12	00=Never Saw Physician	Code 2 digit number
946	C.006 ASTHMA C.2. First Symptoms	13, 14		
947	C.006 ASTHMA C.5. Year First Saw Doctor	15, 16		
948	C.006 ASTHMA Confirmation Category	17	1.] Confirmed 2.] Possible 3.] Not Confirmed 4.] Other: Illegible 5.] Other: Accident	Code as given
949	C.044 FOOD ALLERGIES Year First Saw Physician	18, 19	00=Never Saw Physician	Code 2 digit number
950	C.044 FOOD ALLERGIES C.2. First Symptoms	20, 21		
951	C.044 FOOD ALLERGIES C.5. Year First Saw Doctor	22, 23		

Var. No.	Description	Columns	Code	Instructions
952	C.044 FOOD ALLERGIES Confirmation Category	24	1.] Confirmed 2.] 3.] Possible 4.] 5. - Not Confirmed 6.] Other: Illegible 7.] Other: Accident	Code as given
953	C.066 RECURRENT OR SEVERE PROBLEMS WITH SKIN RASHES OR HIVES Year First Saw Physician	25,26	00=Never Saw Physician	Code 2 digit number
954	C.066 RECURRENT OR SEVERE PROBLEMS WITH SKIN RASHES OR HIVES C.2. First Symptoms	27,28		
955	C.066 RECURRENT OR SEVERE PROBLEMS WITH SKIN RASHES OR HIVES C.5. Year First Saw Doctor	29,30		
956	C.066 RECURRENT OR SEVERE PROBLEMS WITH SKIN RASHES OR HIVES Confirmation Category	31	1.] Confirmed 2.] 3.] Possible 4.] 5. - Not Confirmed 6.] Other: Illegible 7.] Other: Accident	Code as given
957	C.078 RED, ITCHY, WATERY, SORE, DRY OR INFLAMED EYES Year First Saw Physician	32,33	00=Never Saw Physician	Code 2 digit number

Var. No.	Description	Columns	Code	Instructions
958	C.078 RED, ITCHY, WATERY, SORE, DRY OR INFLAMED EYES C.2. First Symptoms	34, 35		
959	C.078 RED, ITCHY, WATERY, SORE, DRY OR INFLAMED EYES C.5. Year First Saw Doctor	36, 37		
960	C.078 RED, ITCHY, WATERY, SORE, DRY OR INFLAMED EYES Confirmation Category	38	1.] Confirmed 2.] 3.] Possible 4.] 5. - Not Confirmed 6.] Other: Illegible 7.] Other: Accident	Code as given
961	C.125 PROBLEMS WITH NORMAL CHILD DEVELOPMENT IN TERMS OF PHYSICAL GROWTH OR DEVELOPMENT Year First Saw Physician	39, 40	00=Never Saw Physician	Code 2 digit number
962	C.125 PROBLEMS WITH NORMAL CHILD DEVELOPMENT IN TERMS OF PHYSICAL GROWTH OR DEVELOPMENT C.2. First Symptoms	41, 42		
963	C.125 PROBLEMS WITH NORMAL CHILD DEVELOPMENT IN TERMS OF PHYSICAL GROWTH OR DEVELOPMENT C.5. Year First Saw Doctor	43, 44		

Instructions

Code

Columns

Description

Var. No.

Var. No.	Description	Columns	Code	Instructions
964	C.125 PROBLEMS WITH NORMAL CHILD DEVELOPMENT IN TERMS OF PHYSICAL GROWTH OR DEVELOPMENT Confirmation Category	45	1.] Confirmed 2.] Possible 3.] Not Confirmed 4.] Other: Illegible 5.] Other: Accident 6.] 7.]	Code as given
965	Year of FIRST Chart Entry	46,47	97=Ref 98=DK 00=Never Saw Physician	
966	Year of LAST Chart Entry	48,49	97=Ref 98=DK 00=Never Saw Physician	
967	No. Of Conditions CONFIRMED	50		Code as given
968	No. of POSSIBLE Conditions	51		Code as given
969	No. of Conditions NOT CONFIRMED	52		Code as given
970	No. of Conditions in OTHER Category	53		Code as given
971	Total Conditions	54	9=Adult 5=Child	
972	Sex of Patient	55	1=Male 2=Female	

Var. No.	Description	Columns	Code	Instructions
973	Year of Birth	56, 57	97=Ref 98=DK 01=1900 Or Earlier	
974	Date of Abstraction	58, 59		Code as given
975	Month of Abstraction	60, 61	10=October 11=November	
976	Week Number	62, 63	01=Oct. 1-6 02=Oct. 8-13 03=Oct. 15-19 04=Oct. 22-26 05=Oct. 29-Nov. 3 06=Nov. 5-10 07=Nov. 12-16	

RECTYPE 61 & 62

41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Coded by

APPENDIX E: RECORD TYPES FOR DATA MANAGEMENT

<u>Record Types</u>	<u>Source</u>	<u>Content</u>
01	P.I.	Household Information
02	P.I.	Person Information
03	P.I.	Person Information
04	P.I.	Square file consisting of
05	P.I.	Q.C.2 from condition
06	P.I.	sheets, i.e. "year symptoms
07	P.I.	first noticed" for each condition
08	P.I.	Pregnancy history
09	P.I.	Square file consisting of
10	P.I.	Q.C.5 from condition
11	P.I.	sheets, i.e. "year first saw
12	P.I.	doctor" for each condition
77	P.I.	Condition Sheets
61	C.A.	Chart abstraction forms for
62	C.A.	both adult and child conditions

P.I.= Personal Interview Data Source

C.A.= Chart Abstraction Data Source

<u>Record Types</u>	<u>Source</u>	<u>Content</u>
01	P.I.	Household Information
02	P.I.	Person Information
03	P.I.	Person Information
04	P.I.	Square file consisting of
05	P.I.	Q.C.2 from condition
06	P.I.	sheets, i.e. "year symptoms
07	P.I.	first noticed" for each condition
08	P.I.	Pregnancy history
09	P.I.	Square file consisting of
10	P.I.	Q.C.5 from condition
11	P.I.	sheets, i.e. "year first saw
12	P.I.	doctor" for each condition
77	P.I.	Condition Sheets
61	C.A.	Chart abstraction forms for
62	C.A.	both adult and child conditions

P.I.= Personal Interview Data Source

C.A.= Chart Abstraction Data Source

DATA FILES AND PROGRAMS IN STORAGE

<u>File Name</u>	<u>Description of Contents</u>
CONV77	Program written by McMaster's C.S.U. staff to convert Q. C2 in Rectype 77 data to a rectangular format specified as Record Types 04;05;06;and,07.
CONVC577	Program written by McMaster's C.S.U. staff to convert Q. C5 in Rectype 77 data to a rectangular format specified as Record Types 09;10;11;and,12.
D1	Data file containing information for 1328 households as specified in Record Type 01.
D23	Data file containing information for 5118 persons as specified in Record Type 02 and 03.
D4567NEW	Data file containing information for 5118 persons (with 148 persons deleted where the exposure history is not consistent with the sample grouping in our analysis). This file contains the entire 5118 persons as described in file "D4567" but only relevant symptoms are included; i.e. persons who developed symptoms after moving into their residence of interest were deleted by the Committee's staff. This file therefore is a modified version of "D4567" which is described below.
D4567	Data file containing information for 5118 persons and their response to Q. C2 on the condition sheets; i.e. the year symptoms were first noticed for the entire battery of 135 conditions. This file was created from file "D77" described below by using program "CONV77" described above.
D6162	Data file containing chart abstraction information for 557 charts as specified in Record Type 61 and 62.
D77	Data file containing information from condition sheets describing details for the 16965 conditions reported by the 5118 persons as specified in Record Type 77.
D8	Data file containing pregnancy histories reported by all females who had been pregnant since 1968. A total of 2193 pregnancy histories reported by 977 females are in this file as specified in Record Type 08.
D9101112	Data file containing information for 5118 persons and their response to Q. C5 on the condition sheets; i.e. the year a physician was first seen for the entire battery of 135 conditions. This file was created from file "D77" described above by using program "CONVC577" described above.

DATA FILES AND PROGRAMS IN STORAGE

<u>File Name</u>	<u>Description of Contents</u>
CONV77	Program written by McMaster's C.S.U. staff to convert Q. C2 in Rectype 77 data to a rectangular format specified as Record Types 04;05;06;and,07.
CONVC577	Program written by McMaster's C.S.U. staff to convert Q. C5 in Rectype 77 data to a rectangular format specified as Record Types 09;10;11;and,12.
D1	Data file containing information for 1328 households as specified in Record Type 01.
D23	Data file containing information for 5118 persons as specified in Record Type 02 and 03.
D4567NEW	Data file containing information for 5118 persons (with 148 persons deleted where the exposure history is not consistent with the sample grouping in our analysis). This file contains the entire 5118 persons as described in file "D4567" but only relevant symptoms are included; i.e. persons who developed symptoms after moving into their residence of interest were deleted by the Committee's staff. This file therefore is a modified version of "D4567" which is described below.
D4567	Data file containing information for 5118 persons and their response to Q. C2 on the condition sheets; i.e. the year symptoms were first noticed for the entire battery of 135 conditions. This file was created from file "D77" described below by using program "CONV77" described above.
D6162	Data file containing chart abstraction information for 557 charts as specified in Record Type 61 and 62.
D77	Data file containing information from condition sheets describing details for the 16965 conditions reported by the 5118 persons as specified in Record Type 77.
D8	Data file containing pregnancy histories reported by all females who had been pregnant since 1968. A total of 2193 pregnancy histories reported by 977 females are in this file as specified in Record Type 08.
D9101112	Data file containing information for 5118 persons and their response to Q. C5 on the condition sheets; i.e. the year a physician was first seen for the entire battery of 135 conditions. This file was created from file "D77" described above by using program "CONVC577" described above.

<u>File Name</u>	<u>Description of Contents</u>
TASK4A	Part One of an SPSS program for analysis of "D23" described above.
TASK4B	Part Two of an SPSS program for analysis of "D23" described above.
TASK5A	This is a full SPSS program for analysis of "D6162" as specified in the terms of reference referred to in Chapter One of this report.
TASK5B	This is a full SPSS program for analysis of "D6162" to generate Summary Tables not specified in the terms of reference.
TASK5C	This SPSS program is the same as "TASK5A" but selects out of the analysis seven charts where the exposure history is not consistent with the sample grouping.
TASK5D	This SPSS program is the same as "TASK5B" but selects out of the analysis seven charts where the exposure history is not consistent with the sample grouping.
TASK6A	Part One of an SPSS program for analysis of "DATA1" beyond the terms of reference.
TASK6B	Part Two of an SPSS program for analysis of "DATA1" beyond the terms of reference.
VARIABLE	This is a product of the GETSPSS DIRECTORY listing facility. It is a listing of all 1075 variables in the study.
Z215CHID	Listing of 215 I.D.'s assigned by the Committee for a chart review with the Child Abstraction Form.
Z366ADID	Listing of 366 I.D.'s assigned by the Committee for a chart review with the Adult Abstraction Form.

Note: The next few pages contain the custom programs to:

- (1) Convert "D77" into "D4567";*
- (2) Convert "D77" into "D9101112"; and,*
- (3) Generate the "C2" and "C5" values for the chart abstraction cases selected for review. These values were entered onto the abstraction forms after the nurses completed their work in the field.*

<u>File Name</u>	<u>Description of Contents</u>
TASK4A	Part One of an SPSS program for analysis of "D23" described above.
TASK4B	Part Two of an SPSS program for analysis of "D23" described above.
TASK5A	This is a full SPSS program for analysis of "D6162" as specified in the terms of reference referred to in Chapter One of this report.
TASK5B	This is a full SPSS program for analysis of "D6162" to generate Summary Tables not specified in the terms of reference.
TASK5C	This SPSS program is the same as "TASK5A" but selects out of the analysis seven charts where the exposure history is not consistent with the sample grouping.
TASK5D	This SPSS program is the same as "TASK5B" but selects out of the analysis seven charts where the exposure history is not consistent with the sample grouping.
TASK6A	Part One of an SPSS program for analysis of "DATA1" beyond the terms of reference.
TASK6B	Part Two of an SPSS program for analysis of "DATA1" beyond the terms of reference.
VARIABLE	This is a product of the GETSPSS DIRECTORY listing facility. It is a listing of all 1075 variables in the study.
Z215CHID	Listing of 215 I.D.'s assigned by the Committee for a chart review with the Child Abstraction Form.
Z366ADID	Listing of 366 I.D.'s assigned by the Committee for a chart review with the Adult Abstraction Form.

Note: The next few pages contain the custom programs to:

- (1) Convert "D77" into "D4567";*
- (2) Convert "D77" into "D9101112"; and,*
- (3) Generate the "C2" and "C5" values for the chart abstraction cases selected for review. These values were entered onto the abstraction forms after the nurses completed their work in the field.*


```

C      INTEGER I, FNUM
C
      OK = .TRUE.
      I = FNUM ( 10 )
      I = FNUM ( 11 )
      RETURN
      END
      SUBROUTINE SHUTFILES
      CALL UNITCONTROL (10,8)
      CALL UNITCONTROL (11,8)
      RETURN
      END
      SUBROUTINE PUTMASTER ( MASTER )
      CHARACTER*80 MASTER(4)
C
      WRITE (11) MASTER
C      WRITE (12) MASTER(2)
C      WRITE (13) MASTER(3)
C      WRITE (14) MASTER(4)
C
      RETURN
      END
      SUBROUTINE UPDATEMASTER ( REC77, MASTER )
      CHARACTER*80 REC77, MASTER(4)
C
      INTEGER CARDNO, COLNO, CONDNO, INCOL, CONDITION
      CHARACTER*2 RECTYPE(4)
      DATA RECTYPE /"04","05","06","07"/
C
C INITIALIZE ALL OF THE MASTER RECORDS IF WE ARE PROCESSING
C CARD #01
C
      IF (REC77[9:2] .NE. "01") GO TO 30
      DO 20 CARDNO = 1, 4
        MASTER(CARDNO)[1:6] = REC77[1:6]
        MASTER(CARDNO)[7:2] = RECTYPE(CARDNO)
        MASTER(CARDNO)[9:2] = "01"
        DO 10 COLNO = 11, 80
          MASTER(CARDNO)[COLNO:1] = "9"
        10 CONTINUE
        20 CONTINUE
        MASTER(4)[69:2] = REC77[74:2]
        MASTER(4)[71:10] = "      "
      30 CONTINUE
C
C COY YEAR OF FIRST SYMPTOMS FROM RECTYPE 77 TO MASTER FILE
C FOR ALL CODED CONDITIONS
C
      DO 40 CONDNO = 1, 3
        INCOL = 21 * (CONDNO - 1) + 11
        CONDITION = INUM (REC77[INCOL:3])
        IF (CONDITION .LT. 1 .OR. CONDITION .GT. 134) GO TO 40
        CARDNO = (CONDITION - 1) / 35 + 1

```



```

C
C   INTEGER I, FNUM
C
C   OK = .TRUE.
C   I = FNUM ( 10 )
C   I = FNUM ( 11 )
C   RETURN
C   END
C   SUBROUTINE SHUTFILES
C   CALL UNITCONTROL (10,8)
C   CALL UNITCONTROL (11,8)
C   RETURN
C   END
C   SUBROUTINE PUTMASTER ( MASTER )
C   CHARACTER*80 MASTER(4)
C
C   WRITE (11) MASTER
C   WRITE (12) MASTER(2)
C   WRITE (13) MASTER(3)
C   WRITE (14) MASTER(4)
C
C   RETURN
C   END
C   SUBROUTINE UPDATERMASTER ( REC77, MASTER )
C   CHARACTER*80 REC77, MASTER(4)
C
C   INTEGER CARDNO, COLNO, CONDNO, INCOL, CONDITION
C   CHARACTER*2 RECTYPE(4)
C   DATA RECTYPE /"04","05","06","07"/
C
C   INITIALIZE ALL OF THE MASTER RECORDS IF WE ARE PROCESSING
C   CARD #01
C
C   IF (REC77[9:2] .NE. "01") GO TO 30
C   DO 20 CARDNO = 1, 4
C     MASTER(CARDNO)[1:6] = REC77[1:6]
C     MASTER(CARDNO)[7:2] = RECTYPE(CARDNO)
C     MASTER(CARDNO)[9:2] = "01"
C     DO 10 COLNO = 11, 80
C       MASTER(CARDNO)[COLNO:1] = "9"
C     10 CONTINUE
C     20 CONTINUE
C     MASTER(4)[69:2] = REC77[74:2]
C     MASTER(4)[71:10] = "      "
C     30 CONTINUE
C
C   COY YEAR OF FIRST SYMPTOMS FROM RECTYPE 77 TO MASTER FILE
C   FOR ALL CODED CONDITIONS
C
C   DO 40 CONDNO = 1, 3
C     INCOL = 21 * (CONDNO - 1) + 11
C     CONDITION = INUM (REC77[INCOL:3])
C     IF (CONDITION .LT. 1 .OR. CONDITION .GT. 134) GO TO 40
C     CARDNO = (CONDITION - 1) / 35 + 1

```


\$CONTROL USLINIT, LOCATION

C UPPER OTTAWA STREET DUMP STUDY

C CONVERT RECORD TYPE 77 TO RECORD TYPE 09, 10, 11, 12

C
C FILES:-

```
C      FTN10 = <rectype77>,OLD;ACC=IN
```

```
FTN11 = <rec9,10,11,12>,NEW;SAVE;REC=-80,16,F,ASCII;DISC=4000
```

C
C K. CLARK ... JULY, 1984

6

C
PROGRAM CONV577

C
LOGICAL OK
INTEGER CARDSREAD, CASESWRITTEN

CHARACTER*8 REC77IDENT, OLDIDENT
CHARACTER*80 REC77, MASTER(4)

```

OLDIDENT = "####"
CARDSREAD = 0
CASESWRITTEN = 0

```

CALL ATTACHFILES (OK)
IF (.NOT. OK) GO TO 30

```
10 READ (10, END=30) REC77  
   CARDSREAD = CARDSREAD + 1  
   REC77IDENT = REC77[1:8]
```

```

IF (REC77IDENT .EQ. OLDDIDENT) GO TO 20
IF (OLDDIDENT .EQ. "####") GO TO 20
CALL PUTMASTER ( MASTER )
CASESWRITTEN = CASESWRITTEN + 1
20 CONTINUE

```

```

CALL UPDMASTER ( REC77, MASTER )
OLDIDENT = REC77IDENT
GO TO 10

```

```

30 IF (OLDIDENT .EQ. "####") GO TO 40
   CALL PUTMASTER ( MASTER )
   CASESWRITTEN = CASESWRITTEN + 1
40 CONTINUE

```

```

CALL SHUTFILES
DISPLAY CARDSREAD, "cards processed"
DISPLAY CASESWRITTEN, "cases written"
RETURN
END
SUBROUTINE ATTACHFILES ( OK )
LOGICAL OK

```

COLNO = 2 * MOD (CONDITION - 1, 35) + 11

INCOL = INCOL + 9

MASTER(CARDNO) [COLNO:2] = REC77 [INCOL:2]

40 CONTINUE

C

C THAT'S ALL FOR THIS CARD

C

RETURN

END

COLNO = 2 * MOD (CONDITION - 1, 35) + 11

INCOL = INCOL + 9

MASTER(CARDNO)[COLNO:2] = REC77[INCOL:2]

40 CONTINUE

C

C THAT'S ALL FOR THIS CARD

C

RETURN

END

```

        line = line + 4
18 write (6,20) id,
    $ rec04[17:2], rec09[17:2],
    $ rec04[59:2], rec09[59:2],
    $ rec05[19:2], rec10[19:2],
    $ rec05[53:2], rec10[53:2],
    $ rec05[73:2], rec10[73:2],
    $ rec06[21:2], rec11[21:2],
    $ rec06[31:2], rec11[31:2],
    $ rec06[49:2], rec11[49:2],
    $ rec06[63:2], rec11[63:2]
20 format (X,A6,9(3X,A2,1X,A2))
    line = line + 1
    go to 10
C
    99 stop
    end
C getmatch -- locate matching detail file records
    subroutine getmatch ( id, unit, record, t1, t2, t3, t4 )
        character*6 id
        integer unit
        character*80 record, t1, t2, t3, t4
C
        character*80 nines
        common /constants/ nines
C
C less than - read another record
C
    20 if (record[1:6] .ge. id) go to 30
        call get15rec ( unit, record )
        go to 20
C
C equal to - set up record types 4,5,6,7
C
    30 if (record[1:6] .gt. id) go to 40
        t1 = record
        call get15rec ( unit, record )
        t2 = record
        call get15rec ( unit, record )
        t3 = record
        call get15rec ( unit, record )
        t4 = record
        call get15rec ( unit, record )
        go to 50
C
C greater than - record types 4,5,6,7 are missing
C
    40 t1 = nines
        t2 = nines
        t3 = nines
        t4 = nines
        go to 50
C
C all done here - return

```



```

        line = line + 4
18 write (6,20) id,
    $ rec04[17:2], rec09[17:2],
    $ rec04[59:2], rec09[59:2],
    $ rec05[19:2], rec10[19:2],
    $ rec05[53:2], rec10[53:2],
    $ rec05[73:2], rec10[73:2],
    $ rec06[21:2], rec11[21:2],
    $ rec06[31:2], rec11[31:2],
    $ rec06[49:2], rec11[49:2],
    $ rec06[63:2], rec11[63:2]
20 format (X,A6,9(3X,A2,1X,A2))
    line = line + 1
    go to 10
c
    99 stop
    end
c getmatch -- locate matching detail file records
    subroutine getmatch ( id, unit, record, t1, t2, t3, t4 )
        character*6 id
        integer unit
        character*80 record, t1, t2, t3, t4
c
        character*80 nines
        common /constants/ nines
c
c less than - read another record
c
    20 if (record[1:6] .ge. id) go to 30
        call get15rec ( unit, record )
        go to 20
c
c equal to - set up record types 4,5,6,7
c
    30 if (record[1:6] .gt. id) go to 40
        t1 = record
        call get15rec ( unit, record )
        t2 = record
        call get15rec ( unit, record )
        t3 = record
        call get15rec ( unit, record )
        t4 = record
        call get15rec ( unit, record )
        go to 50
c
c greater than - record types 4,5,6,7 are missing
c
    40 t1 = nines
        t2 = nines
        t3 = nines
        t4 = nines
        go to 50
c
c all done here - return

```



```

$control file=1-6, uslnit
      program merg2
cccccccccccccccccccccccccccccccccccccccccccccccccccccccccccc
c Child listing
c
c :FILE FTN01=Z215CHID,OLD;ACC=IN
c :FILE FTN02=S15CL3,OLD;ACC=IN
c :FILE FTN03=S15CL4,OLD;ACC=IN
c :FILE FTN06=CHILD;DEV=LP;CCTL
c :FILE FTN07=DUPL;DEV=LP;CCTL
c
c SOURCE:- QMERG2.OPINION.EXTERNAL (QEDIT)
c
c
c
cccccccccccccccccccccccccccccccccccccccccccccccccccccccccccc
c
c declare some variables
c
      character*6 id, oldid
      character*80 cl3, rec04, rec05, rec06, rec07
      character*80 cl4, rec09, recl0, recl1, recl2
      integer line
c
c pre-read first record from each detail file
c
      oldid = "$$$$$$"
      call getl5rec ( 2, cl3 )
      call getl5rec ( 3, cl4 )
c
c get next record from master list
c
      line = 0
10 read (1,end=99) id
c
c check for duplicate id number and report
c
      if (id .ne. oldid) go to 12
      write (7,11) id
11 format (X,"Duplicate id ->",1X,S)
      go to 10
12 oldid = id
c
c match with fixed data files
c
      call getmatch ( id, 2, cl3, rec04, rec05, rec06, rec07 )
      call getmatch ( id, 3, cl4, rec09, recl0, recl1, recl2 )
c
c print records for match verification
c
      if ( mod(line,60) .ne. 0) go to 18
      write (6,15) (i,i=10,14)
15 format ("1",33X,"CHILD LISTING",/
$          " ", "--ID--",5(3X,"-",12,"--"),/
$          " ", " ",5(3X,"C2",1X,"C5"),/)

```

```
subroutine get15rec ( unit, record )
integer unit
character*80 record
C
character*80 nines
common /constants/ nines
C
read (unit, end=10) record
return
10 record = nines
return
end
c block data -- initialize some constants
block data
character nines*80, anines(80)
common /constants/ nines
equivalence (nines, anines)
data anines /80*"9"/
end
```

APPENDIX G: INSTRUMENTS FOR CHART ABSTRACTIONS

- Abstractor Methodology Manual
- Adult Conditions Form
- Child Conditions Form
- Adult Cover Sheet
- Child Cover Sheet

Medical Chart
Abstractions:
Residents' Study
Upper Ottawa Street
Landfill Site Study

Hamilton Opinion Research Centre Ltd.
33 King Street East - Suite 10
DUNDAS, Ontario
L9H 5R1 (416) 627-9293
Landfill Study Office (416) 524-2434

METHODOLOGY MANUAL

Conditions to be Abstracted

ADULT

- | | | |
|----|-------|--|
| #1 | C004. | PNEUMONIA, INCLUDING BRONCHOPNEUMONIA |
| #2 | C025. | NOSEBLEEDS (NOT FROM INJURY) |
| #3 | C040. | NEEDING TO GET UP MORE THAN ONCE AT NIGHT TO URINATE |
| #4 | C057. | LOSS OF WEIGHT |
| #5 | C067. | RECURRENT OR SEVERE PROBLEMS WITH UNUSUAL ACNE |
| #6 | C076. | PROLONGED, IRRITATED, SORE THROAT |
| #7 | C081. | RINGING IN THE EARS OR TINNITUS |
| #8 | C090. | CONSTANT FATIGUE, LETHARGY OR DROWSINESS |
| #9 | C097. | NUMBNESS, TINGLING, PRICKLING OR LOSS OF SENSATION
ON ARMS OR HANDS |

CHILD

- | | | |
|-----|-------|--|
| #10 | C006. | ASTHMA |
| #11 | C044. | FOOD ALLERGIES |
| #12 | C066. | RECURRENT OR SEVERE PROBLEMS WITH SKIN RASHES OR
HIVES |
| #13 | C078. | RED, ITCHY, WATERY, SORE, DRY OR INFLAMED EYES |
| #14 | C125. | PROBLEMS WITH NORMAL CHILD DEVELOPMENT IN TERMS OF
PHYSICAL GROWTH OR DEVELOPMENT |

Adult Conditions #1-#9
Child Conditions #10-#14

-
- #1 ADULT PNEUMONIA, INCLUDING BRONCHOPNEUMONIA
1. CONFIRMED pneumonia, bronchopneumonia
 2. CONFIRMED -----
 3. POSSIBLE pneumonia queried but not diagnosed
 4. POSSIBLE bacterial or viral sputum culture negative (in a search for cause of infection in chest)
 5. NOT
CONFIRMED bronchitis, asthma, emphysema, pleurisy, frequent colds or chest symptoms with no mention of pneumonia
 6. OTHER ILLEGIBLE -----
 7. OTHER ACCIDENT -----
-
- #2 ADULT NOSEBLEEDS (NOT FROM INJURY)
1. CONFIRMED nosebleeds, nasal hemorrhage, epistaxis
 2. CONFIRMED blood clots noted in nose or nasal discharge, surgery to cauterize blood vessel in nose
 3. POSSIBLE recurrent external bleeding (no site specified)
 4. POSSIBLE ruled out hemophilia
 5. NOT
CONFIRMED bleeding from other specific sites with no mention of nosebleeds
 6. OTHER
ILLEGIBLE -----
 7. OTHER
ACCIDENT nosebleeds due to blow on nose
-
- #3 ADULT NEEDING TO GET UP MORE THAN ONCE AT NIGHT TO URINATE
1. CONFIRMED nocturia, complains of having to get up at night to urinate more than once.
 2. CONFIRMED incompetent sphincter of bladder
 3. POSSIBLE urinary frequency, hesitancy, urinary incontinence
 4. POSSIBLE ruled out incompetent sphincter
 5. NOT
CONFIRMED renal failure, recurrent stones, alcoholism, prostatic hypertrophy, urinary tract infection, or dysuria with no mention of nocturia or urinary frequency
 6. OTHER
ILLEGIBLE -----
 7. OTHER
ACCIDENT abdominal trauma with direct mention of nocturia
-

#4	ADULT	<u>LOSS OF WEIGHT</u>
1.	CONFIRMED	weight loss, recording of downward weight changes greater than 10 lbs (4.5 kg) in any 12 month period
2.	CONFIRMED	successful diet, malabsorption syndromes, Crohn's Disease, anorexia nervosa
3.	POSSIBLE	anorexia, bulimia, recording of downward weight changes of 5 lbs. to 10 lbs. (2.2-4.5 kg) inclusive
4.	POSSIBLE	ruled out cancer, malabsorption, Crohn's, anorexia nervosa
5.	NOT CONFIRMED	indigestion, nausea, vomiting, ulcer, hepatitis, or cancer present, without <u>specific</u> reference to weight loss; exclude pregnancies
6.	OTHER ILLEGIBLE	-----
7.	OTHER ACCIDENT	weight loss following hospitalization for trauma

#5	ADULT	<u>RECURRENT OR SEVERE PROBLEMS WITH UNUSUAL ACNE</u>
1.	CONFIRMED	acne vulgaris, "acneiform lesions", chloracne
2.	CONFIRMED	recurrent pustular lesions, papillary lesions
3.	POSSIBLE	patient complains of painful, sore lumps and bumps on skin, patient requests acne medication (no further documentation on chart)
4.	POSSIBLE	ruled out acne vulgaris, chloracne, impetigo, staph infection, carbuncles, furuncles (with no conclusion directly consistent with categories 1 to 3)
5.	NOT CONFIRMED	psoriasis, atopic dermatitis/eczema, hives, boils, keratosis, other <u>specific</u> types of dermatitis found, with no mention of acneiform lesions; <u>occasional mention of teenage acne.</u>
6.	OTHER ILLEGIBLE	-----
7.	OTHER ACCIDENT	-----

#6	ADULT	<u>PROLONGED IRRITATED SORE THROAT</u>
1.	CONFIRMED	"dry", "red", "parched", "itchy", "sore", "irritated", "injected" throat or pharyngitis
2.	CONFIRMED	diagnosed bacterial or viral throat infections
3.	POSSIBLE	laryngeal symptoms, tonsillitis
4.	POSSIBLE	ruled out strep throat, laryngitis, cancer of throat or larynx
5.	NOT CONFIRMED	gum disease, upper respiratory disease, swollen glands, etc. with no reference to the throat
6.	OTHER ILLEGIBLE	-----
7.	OTHER ACCIDENT	-----

#7	ADULT	RINGING IN THE EARS OR TINNITUS
1.	CONFIRMED	tinnitus, ringing in the ears
2.	CONFIRMED	Meniere's Disease, 8th cranial nerve disease, acoustic neuroma
3.	POSSIBLE	other unusual sounds in ears
4.	POSSIBLE	ruled out 8th cranial nerve disease, acoustic neuroma
5.	NOT CONFIRMED	earaches, ear infections, hearing loss, perforated ear drum wax in ears with no mention of ringing in ears
6.	OTHER ILLEGIBLE	-----
7.	OTHER ACCIDENT	ringing in ears following head trauma
#8	ADULT	CONSTANT FATIGUE/LETHARGY/DROWSINESS
1.	CONFIRMED	mention of symptoms in title category, or lassitude, (excluding where specific cardio-respiratory causes are given)
2.	CONFIRMED	-----
3.	POSSIBLE	apathy, vegetative symptoms
4.	POSSIBLE	ruled out anemia, iron deficiency, or infectious mononucleosis
5.	NOT CONFIRMED	infectious mononucleosis, headaches, dizziness, depression, insomnia, anemia, personality or mood changes without specific mention of fatigue/lethargy/drowsiness, or lassitude
6.	OTHER ILLEGIBLE	-----
7.	OTHER ACCIDENT	title symptoms due to head trauma
#9	ADULT	NUMBNESS, TINGLING, PRICKLING OR LOSS OF SENSATION ON ARMS OR HANDS
1.	CONFIRMED	any one or combination of the above symptoms or paresthesia of arms or hands
2.	CONFIRMED	Raynaud's Disease, carpal tunnel syndrome, sensory nerve diseases related to arms or hands
3.	POSSIBLE	reference to symptoms in extremities - site unspecified, mention of stroke, CVA, TIA's, with undefined symptoms in extremities (eg. left sided, with no specific mention of arms or legs)
4.	POSSIBLE	ruled out cervical nerve compression, Raynaud's Disease, carpal tunnel syndrome
5.	NOT CONFIRMED	pain, weakness, or paralysis in arms or hands, arthritis, rheumatism with no mention of symptoms in title category above; CVA's or TIA's with no mention of symptoms in extremities
6.	OTHER ILLEGIBLE	-----
7.	OTHER ACCIDENT	many possible injuries to upper limbs or neck with specific mention of appropriate symptoms in title category above

#10	CHILD	ASTHMA
1.	CONFIRMED	asthma, allergic asthma, asthmatic bronchitis
2.	CONFIRMED	asthma-like attacks
3.	POSSIBLE	repeated episodes of shortness of breath or wheezing with exercise, chest colds, or exposure to possible allergens; physician queries asthma but does not make the diagnosis
4.	POSSIBLE	ruled out bronchitis or bronchiolitis or epiglottitis. Negative allergy tests or negative histamine or methacholine challenge tests for reactive airways
5.	NOT CONFIRMED	Diagnosis of bronchitis, bronchiolitis, or non-episodic shortness of breath with no mention of wheezing. Presence of recurrent URI's, pneumonia, allergic rhinitis, etc.
6.	OTHER ILLEGIBLE	-----
7.	OTHER ACCIDENT	-----

#11	CHILD	FOOD ALLERGIES
1.	CONFIRMED	recorded evidence of allergies or "hyperreactions" to specific food(s) or beverage(s) e.g. lactose intolerance
2.	CONFIRMED	celiac disease
3.	POSSIBLE	gastro-intestinal or skin reaction or "hyperreaction" symptoms <u>suspected</u> to be related to food (no evidence that physician has been <u>convinced</u>)
4.	POSSIBLE	negative allergy tests to foods without any description of why they were done
5.	NOT CONFIRMED	any GI symptoms that do not record a concern regarding allergies, vomiting with foods, no mention of "hyperreaction"
6.	OTHER ILLEGIBLE	-----
7.	OTHER ACCIDENT	-----

#12	CHILD	RECURRENT OR SEVERE PROBLEMS WITH SKIN RASHES OR HIVES
1.	CONFIRMED	skin rash, hives, red rash, papillary rash
2.	CONFIRMED	contact dermatitis, irritant dermatitis, tinea, heat rash, lupus rash, skin allergies
3.	POSSIBLE	recurrent problems with poison ivy, with no direct mention of symptoms or conditions listed in category 1 or 2 above
4.	POSSIBLE	ruled out hives, contact dermatitis, tinea, eczema, psoriasis etc.
5.	NOT CONFIRMED	diagnosis of eczema/atopic dermatitis, psoriasis, skin allergies to foods, dry or itchy skin, <u>without mention of other skin rashes</u> ; diagnosis of acute viral disease (eg. measles, roseola, chicken pox)
6.	OTHER ILLEGIBLE	-----
7.	OTHER ACCIDENT	-----

#13	CHILD	RED, ITCHY, WATERY, SORE, DRY OR INFLAMED EYES
1.	CONFIRMED	any of the symptoms in the title category. Also "injected", "irritated", "blood-shot" or stinging eyes
2.	CONFIRMED	conjunctivitis, infections in eyes, pink eye, stys, diseases of tear ducts
3.	POSSIBLE	eye fatigue, eye strain
4.	POSSIBLE	ruled out eye infections or other inflammatory eye diseases or hayfever
5.	NOT CONFIRMED	eye symptoms <u>only with hayfever</u>
6.	OTHER ILLEGIBLE	-----
7.	OTHER ACCIDENT	trauma to eyes

#14	CHILD	PROBLEM WITH NORMAL CHILD DEVELOPMENT IN TERMS OF PHYSICAL GROWTH OR DEVELOPMENT
1.	CONFIRMED	evidence of <u>physician</u> concern re: lack of height, abnormal weight, abnormal head circumference, slow development of co-ordination or motor skills; problems with hearing, sight or speech with reference to abnormal development of organs
2.	CONFIRMED	failure to thrive, change in the normal pattern of the child's physical growth
3.	POSSIBLE	slow or impeded speech development with no reference to organ development
4.	POSSIBLE	physician notes parental concern, but reassures parents that physical development is "within normal limits"
5.	NOT CONFIRMED	social or emotional development problems only <u>but</u> no physical problems; born with physical limitations/ congenital anomalies with no specific mention of changes in physical growth by physician (eg. born blind or deaf); bed wetting; diabetes
6.	OTHER ILLEGIBLE	-----
7.	OTHER ACCIDENT	problems with physical growth or development <u>directly related</u> to trauma

Hamilton Opinion Research Centre Ltd.
33 King Street East - Suite 10
DUNDAS, Ontario
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Landfill Study Office (416) 524-2434

ABTRACTOR MANUAL
Upper Ottawa Street Landfill
Residents' Health Study
Fall 1984

(a) COMMONLY ASKED QUESTIONS

1. What's the study about?

This is a health study and its purpose is to compare the health patterns of persons who have lived, at one time or another, near the Upper Ottawa Street Landfill with that of persons who live at various distances from the landfill site.

2. Who's doing the study?/ Why are you doing the study?

The study is being done by the Upper Ottawa Street Landfill Study Committee which was appointed and funded by the Ontario Ministry of Health in response to public concern and at the request of the Regional Government of Hamilton-Wentworth.

3. Who is on the Study Committee?

Dr. Arthur Bourns is the Chairman; he is the former President of McMaster University. Other members are Dr. Goldberg, Dr. McCalla, Dr. Osbaldeston, Sandy McCallion, and Dr. David Muir. *Anne Koven is the Research Director and Dr. Clyde Hertzman is a Consultant.*

4. Does the City/Region/Residents' Association know about this study?

Yes, the study has the support and encouragement of the Municipal Governments, the Upper Ottawa Street Residents' Association as well as the Union of Public Employees.

5. My patient doesn't live near the Upper Ottawa Site -- Why is he/she involved?

It is important for this study to make a comparison. The study will compare the health patterns of people living close to the Landfill Site with people living further away from the site.

6. My patient's health is fine; you won't learn much from reading his/her chart.

We need to study those persons whose health is good as well as those whose health is poor in order to get an accurate picture of the whole area, both the "sick" and the "healthy". Therefore, this patient is just as important as other people who might have health problems.

7. How did you get my patient's name? How did you pick him/her?

The households included in the sample have been obtained from local assessment rolls and were selected specifically for this health research study. I might add that there is no special health reason why your patient was chosen for this study.

8. Were interviews done all over Hamilton?

Yes.

9. How can I be sure the information will be confidential?

All information will remain anonymous as well as strictly confidential. No person is ever identified in our reports. The information will be combined with that of other persons and will be presented as statistics. For example, we might say "fifteen percent of the residents saw their doctor for such and such".

10. Does this have anything to do with either the Ministry of Health OHIP Audit or the Ontario College of Physicians and Surgeons Peer Assessment?

OR

Will any information from your review of my charts be forwarded to the Ministry of Health, any other government agency, or to the Ontario College of Physicians and Surgeons?

No. All information we receive from the Physicians' charts will remain totally anonymous and confidential. The names and contents of the individual charts will not be forwarded to anyone except the Landfill Study Team. The data will be reported only in aggregate form.

11. Is there anything already to show that living near the Landfill led to health problems?

The Committee is actually studying that right now and these abstractions are part of that overall study. The purpose of this study is to investigate whether there are any possible health effects that might be associated with the Landfill.

12. How do you know that my patient has come to see me about the conditions in which you are interested?

We are not sure that he/she saw you, in particular, regarding these conditions. If your patient supplied us with names of other physicians, we may be contacting them also.

13. How are you qualified to properly interpret my patients' medical records?

We are experienced nurses who have had previous experience doing chart abstractions and have been specially trained for this job.

14. Does my patient know about the study?

Yes. In fact, your patient has already been interviewed by the research team and has signed a consent form giving his permission for study personnel to have access to his medical records.

15. Can I be present for the abstraction?

Yes, but it would really not be necessary to give up any of your time.

16. Can I get a copy of the report? Will I hear about the results?

It will take approximately six months to gather all the study data and to analyze the information. Following that a report will be prepared and the findings will be made public.

17. How long will the abstraction take?

The time will vary depending upon the length and detail of the chart. We do not anticipate taking more than an hour per chart. However, we will not disrupt your normal office activities or request any of your personal time.

18. Is this the same as the SWARU (Solid Waste Reduction Unit) and didn't City Council postpone it?

No. The SWARU is a facility in the north-east end of Hamilton. We understand that one of the reasons City Council postponed a decision regarding that study, was that they wanted a chance for this study to be completed first.

19. What are they going to use the statistics for?
What are you going to do if you find anything?
Will anything good come out of this?
Will the government be honest about the information you collect?

The results of the study will be submitted to the Ontario Minister of Health and the findings will be made public. The Committee is free to make any recommendations it feels are necessary depending upon what is found.

20. If my patient has already given you the details of his health history, then why are you curious to see his chart?

We need to check the accuracy of any health condition reported by your patient in order to ensure that the study results are credible. Your patient has been informed of this and has given his consent for the study team to see his medical chart. In some cases we expect that patients may have forgotten about certain conditions over the years and the medical records will be more accurate.

(b) PROCEDURES AND INSTRUCTIONS

All of the physicians you will be contacting will have received a letter outlining the details of this study. You are to telephone the office of each physician in your assignment to arrange a mutually convenient time to do the abstractions.

If a physician refuses to participate in the study, please call Terry Walker at 524-2434 (soon after you leave the physician's office) and provide her with all the details relating to the refusal. (Make sure you have these notes on your cover sheets.) Someone from the H.O.R.C. Office will contact you later with further instructions.

The physicians may call 524-2434 and ask for Dr. Clyde Hertzman or Mrs. Anne Koven if they choose.

(c) MATERIALS (Bring the following for each abstraction)

1. Condition Form (either adult or child)
2. Cover Sheet
3. Photocopy of Patient Consent Form
4. Methodology Manual
5. Large Brown Envelope
6. Pencils (2)
7. Employee I.D. Card
8. Name Badge

(d) CONDITIONS FORM

Each package you receive will contain either a 9-item adult form (pink) or a 5-item child form (yellow). The same procedure will be followed for both forms:

1. Record I.D. numbers on the top of Page 1
2. Record year of first chart entry, on last page.
3. Record year of last chart entry, on last page.
4. Record date of abstraction and sex of patient on last page.
5. Search the chart for evidence relating only to the conditions on these standardized forms and record:

A. A code for the confirmation category:

There are seven (7) mutually exclusive code categories. Choose only one of these. The descriptions of the categories are found on the Condition Confirmation Categories page at the back of this manual. Read through the categories and choose the one that best describes the relationship between the listed condition and the information found in the chart. There may be instances where more than one category could apply. In such cases, choose the one that you feel best applies and place an (X) in the brackets for that particular category. If you cannot decide which of the two or more codes best apply, record the one with the lowest number.

The Condition Confirmation Categories page must be used to determine the appropriate numeric code. Note that there are two types of Confirmed (codes 1 & 2); two types of Possible (codes 3 & 4); one type of Not Confirmed (code 5) and two Other categories (code 6 & 7). In addition to the categories page, the Examples Sheet will be an aid to determine which of the 7 codes to select.

B. Year First Saw Physician:

Record the year the patient first saw the physician if the condition is in either the 2 "Confirmed" or 2 "Possible" categories. Begin reviewing the chart at January 1, 1970. Do not read or record events occurring prior to this date. Therefore, the earliest date you can record is 1970 -- even if the patient saw the physician before 1970. If there is uncertainty about whether a condition started at "Time 1" or "Time 2" record the earlier date (but not earlier than 1970).

C. Justification of Confirmation Category:

Describe the evidence used to make the choice of category in sufficient detail to allow the study investigators to follow your reasoning. If there is doubt whether or not a piece of information is relevant, include it. Relevant evidence should include any diagnosis directly associated with the condition of interest.

At the bottom of the last page of the CONDITIONS FORM, there is a summary table. Fill in the number of conditions confirmed, possibly confirmed, not confirmed, and other. Add these to get the total. The total number of conditions will equal the sum of confirmed, possibly confirmed, not confirmed conditions, and other. This must equal nine (9) for adult patients and five (5) for child patients.

e) COVER SHEET

Be sure that all I.D. numbers appear on the cover sheet.

At the bottom of the Cover Sheet there is a place (Call Record) to record the details of all phone calls to the physician as well as the date for your appointment. Also, there is a place to record details of incomplete abstractions. Record these details before you call Terry Walker.

Where a patient has more than 1 physician, the nurse abstractor must collate the information found in each of the different charts. This is done in the following manner.

1. Complete the entire package of forms for each physician's chart.

2. When all charts for the patient have been abstracted, complete the MASTER FORM package. This package will contain a Condition form, and a Cover Sheet - exactly the same forms that have been used for each physician.
3. Review the information you have abstracted for each condition on each Conditions Form and fill in the appropriate confirmation category on the Master Condition Form. In cases where a condition has been found in more than one physician chart AND the confirmation categories conflict, choose the confirmation category with the lowest number. If the confirmation categories differ but do not conflict, use the information contained in the "Justification of Confirmation" column to choose the best confirmation category for the Master Package. Justify the choice of confirmation category in the appropriate space.
4. On the Master Package Conditions Form (for multiple physicians), record the earliest date any chart history began for the "Year of First Chart Entry". Similarly, the latest of all entries will be recorded as the "Year of Last Chart Entry".
5. The Master Package Summary Table can now be filled in using the information from the Master Package Conditions Form. On the Master Package Cover Sheet, record the number of charts actually reviewed in the appropriate box. (This may not be the same as the number of physicians assigned.) Turn in all chart abstractions and incompletes, not only the Master Package.
6. If a single continuous chart has been completed by more than one physician, this is treated as one chart only.

(f) EXAMPLES SHEET

This manual includes 2 sets of examples: one set for adults describing examples of the 7 confirmation categories for the 9 adult conditions and a second set describing examples of the 7 confirmation categories for the 5 child conditions.

(g) CONSENT FORM

In each package there is a copy of the consent form. Each physician should have already received a copy in the mail. If any physician wishes to have another copy (because his was misplaced), the abstractor may leave her copy with the physician. The consent form information plus the medical chart information will yield the information regarding the sex of the patient and date of birth.

(h) POLICIES

- 1) Written summaries mailed in by Physicians are not acceptable.
- 2) "Over the phone" reports from Physicians, in lieu of personal visit to the physicians' office, are not acceptable.
- 3) Physicians reading charts to the abstractor in their offices, in lieu of the abstractor actually reading the chart, is acceptable only if the physician is unaware of our targeted conditions. However, every abstractor should make every effort to personally read every chart. If the abstractor did not personally read the chart, the details of all circumstances must be written on the cover sheets.
- 4) Do not read any information from other persons' charts. Evidence included in relatives' charts erroneously, or otherwise, cannot be included in the review or evaluation.
- 5) Maintain anonymity. Do not record patient or physician names on Conditions Forms.

UPPER OTTAWA STREET LANDFILL SITE STUDY

20 Jackson Street West, Suite 412, Hamilton, Ontario L8P 1L2 (416) 524-2434

Chairman:

Dr. Arthur N. Bourns

Committee Members:

Dr. Dennis R. McCalla
A. L. (Sandy) McCallion
Dr. James B. Osbaldeston, M.D.

Research Director:

Anne Koven

Advisory Health Group

Chairman:

Dr. William Goldberg, M.D.

Members:

Dr. Michael Achong, M.D.
Dr. Andrew Harper, M.D.
Dr. Michael Newhouse, M.D.
Dr. David Muir, M.D.

Fall 1984

Dr. Clyde Hertzman, M.D.
Research Fellow
Occupational Health Program
McMaster University

Thank you for the assistance you gave us several months ago when our medical chart abstractor visited your office. Our study has been well received and more than 95 per cent of the physicians we contacted complied with their patients' wishes to participate in our study.

We have already carried out a program of chemical analyses on the site as well as in-depth personal interviews with individuals who have worked at or near the Upper Ottawa Street site, and also with a comparison group. Medical records for this workers study have already been reviewed in hospitals as well as from family physicians' records. We are now following a similar procedure for residents living at various distances from the Landfill Site.

Enclosed you will find signed consent form(s) indicating that one or more of your patients wish to participate further in our study. These patients have given us written permission to review their medical records and you may keep the enclosed copy of the consent form(s) for your files.

As was done before, one of our team of experienced health professionals will be telephoning your nurse/receptionist to set up a convenient time to review the patient's chart. The abstractor will bring a standardized form designed to facilitate a rapid review of the patient's record and will be instructed not to disrupt the normal activities in your office. We will not request any of your personal time and you can be assured that all information will be kept in the strictest confidence. The data will be analyzed in aggregate form and presented as statistics, no information will be released on an individual basis.

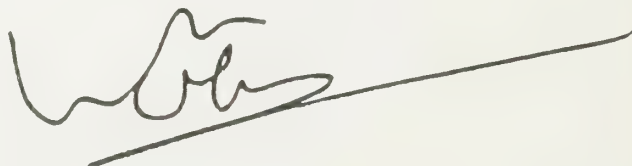
If you have any questions, please feel free to contact Dr. Clyde Hertzman at the Landfill Site Study Office.

We would be grateful if you could inform your nurse/receptionist of the upcoming telephone call and we would like to thank you once again for your co-operation and continued assistance in this most important study.

Sincerely,



James Osbaldeston, M.D.



William Goldberg, M.D.

Encl.

/pg

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Research Fellow

Occupational Health Program

McMaster University

Fall 1984

The Ontario Ministry of Health commissioned a study in 1981 of the environmental health effects of the Upper Ottawa Street Landfill Site.

We have already carried out a program of chemical analyses on the site as well as in-depth personal interviews with individuals who have worked at or near the Upper Ottawa Street site, and also with a comparison group. Medical records for this workers study have already been reviewed in hospitals as well as from family physicians' records. Our study has been well received and more than 95 per cent of the physicians we contacted complied with their patients' wishes to participate in our study. We are now following a similar procedure for residents living at various distances from the Landfill Site.

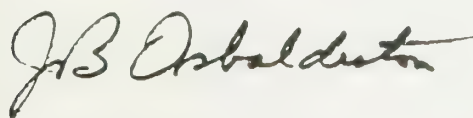
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As part of the overall study, we have assembled a team of experienced health professionals, one of whom will be telephoning your nurse/receptionist to set up a convenient time to review the patient's chart. The abstractor will bring a standardized form designed to facilitate a rapid review of the patient's record and will be instructed not to disrupt the normal activities in your office. We will not request any of your personal time and you can be assured that all information will be kept in the strictest confidence. The data will be analyzed in aggregate form and presented as statistics, no information will be released on an individual basis.

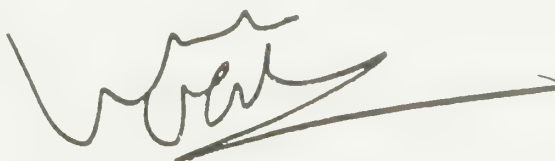
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Sincerely,



James Osbaldeston, M.D.



William Goldberg, M.D.

Encl.

/pg

GUIDELINES FOR
CONDITION CONFIRMATION CATEGORIES

Upper Ottawa Landfill Site

Residents' Health Study

CONFIRMED

1. This condition (symptom or diagnosis) is found in the chart.
2. A related diagnosis is found in the chart which necessarily includes this condition. This is subject to exclusions found under category 5 on Example Sheets.

POSSIBLE

3. This specific condition is not in the chart, but symptoms found in the chart are consistent with this condition.
4. This specific condition is not in the chart, but a diagnosis has been ruled out by a physician which, nevertheless, supports the presence of this condition. This is subject to exclusions found under category 5 on Examples Sheets.

NOT CONFIRMED

5. No information can be found in the chart which supports categories 1, 2, 3, or 4 above.

OTHER

6. The chart is so illegible that none of the above categories (i.e. 1 to 5) can be chosen.
7. This condition is the direct result of an accident or injury. In other words, the first mention in the chart must make clear that an accident caused the symptoms.

Note: No information in the chart is to be read prior to January 1, 1970. The chart is to be read as if information prior to 1970 does not exist. If the patient saw the physician for any given condition before January 1, 1970 only (and not since), use code 5.

Patient

--	--	--	--

 I.D.

--	--

 Rectype

6	1
---	---

 Card

0	1
---	---

 Physician I.D.

--	--	--	--

 Abstractor I.D.

--	--

 Note: On Master multiple charts use 2222 3333 4444 etc. for Physician I.D.

Note: On Master multiple charts use 2222 3333 4444 etc. for Physician I.D.

#1. C004. PNEUMONIA, INCLUDING BRONCHOPNEUMONIA

YEAR FIRST SAW
PHYSICIAN FOR
THIS CONDITION

(1970-1984 only)

Note: Record 00 if confirmation category is code 5, 6 or 7.

Rectype
61

Describe the evidence to support the choice of category. Include all relevant evidence.

OFFICE
USE
ONLY

22

CONFIRMATION CATEGORY

() 1. ☐ Confirmed
() 2. ☐

() 3. Possible 23
() 4.

() 5. - Not Confirmed

() 6. ☐ Other: Illegible

() 7. Other: Accident

#2. C025. NOSEBLEEDS (NOT FROM INJURY)

YEAR FIRST SAW
PHYSICIAN FOR
THIS CONDITION

(1970-1984 only)

Record 00 if confirmation category is code 5, 6 or 7.

OFFICE
USE
ONLY

29

Describe the evidence to support the choice of category. Include all relevant evidence.

CONFIRMATION CATEGORY

() 1. ☐ Confirmed
() 2. ☐

() 3. Possible 30
() 4.

() 5. - Not Confirmed

() 6. Other: Illegible

() 7. Other: Accident

#3. C040. NEEDING TO GET UP MORE THAN ONCE AT NIGHT TO URINATE

YEAR FIRST SAW PHYSICIAN
 FOR THIS CONDITION
 (1970-1984 only)

Record 00 if confirmation
 category is code 5, 6 or 7.

Describe the evidence to support the
 choice of category. Include all relevant
 evidence.

33	<input type="text"/> <input type="text"/>	OFFICE	<input type="text"/> <input type="text"/>	36
		USE		
	C2	ONLY	C5	

CONFIRMATION CATEGORY

- () 1. ☐ Confirmed
 () 2. ☐
 () 3. ☐ Possible 37
 () 4. ☐
 () 5. - Not Confirmed
 () 6. ☐ Other: Illegible
 () 7. ☐ Other: Accident

#4. C057. LOSS OF WEIGHT

YEAR FIRST SAW PHYSICIAN
 FOR THIS CONDITION
 (1970-1984 only)

Record 00 if confirmation
 category is code 5, 6 or 7.

Describe the evidence to support the
 choice of category. Include all relevant
 evidence.

40	<input type="text"/> <input type="text"/>	OFFICE	<input type="text"/> <input type="text"/>	43
		USE		
	C2	ONLY	C5	

CONFIRMATION CATEGORY

- () 1. ☐ Confirmed
 () 2. ☐
 () 3. ☐ Possible 44
 () 4. ☐
 () 5. - Not Confirmed
 () 6. ☐ Other: Illegible
 () 7. ☐ Other: Accident

#5. C067. RECURRENT OR SEVERE PROBLEMS WITH UNUSUAL ACNE

YEAR FIRST SAW PHYSICIAN
 FOR THIS CONDITION
 (1970-1984 only)

Record 00 if confirmation
 category is code 5, 6 or 7.

Describe the evidence to support the
 choice of category. Include all relevant
 evidence.

47	<input type="text"/> <input type="text"/>	OFFICE	<input type="text"/> <input type="text"/>	50
		USE		
	C2	ONLY	C5	

CONFIRMATION CATEGORY

- () 1. ☐ Confirmed
 () 2. ☐
 () 3. ☐ Possible 51
 () 4. ☐
 () 5. - Not Confirmed
 () 6. ☐ Other: Illegible
 () 7. ☐ Other: Accident

#6. C076. PROLONGED, IRRITATED, SORE THROAT

YEAR FIRST SAW PHYSICIAN
FOR THIS CONDITION

(1970-1984 only)

Record 00 if confirmation
category is code 5, 6 or 7.

54

<input type="text"/>	<input type="text"/>	OFFICE	<input type="text"/>	<input type="text"/>
		USE		
C2		ONLY	C5	

57

CONFIRMATION CATEGORY

- () 1. Confirmed
 () 2.
 () 3. Possible 58
 () 4.
 () 5. - Not Confirmed
 () 6. Other: Illegible
 () 7. Other: Accident

Describe the evidence to support the
choice of category. Include all relevant
evidence.

#7. C081. RINGING IN THE EARS OR TINNITUS

YEAR FIRST SAW PHYSICIAN
FOR THIS CONDITION

(1970-1984 only)

Record 00 if confirmation
category is code 5, 6 or 7.

61

<input type="text"/>	<input type="text"/>	OFFICE	<input type="text"/>	<input type="text"/>
		USE		
C2		ONLY	C5	

64

CONFIRMATION CATEGORY

- () 1. Confirmed
 () 2.
 () 3. Possible 65
 () 4.
 () 5. - Not Confirmed
 () 6. Other: Illegible
 () 7. Other: Accident

Describe the evidence to support the
choice of category. Include all relevant
evidence.

#8. C090. CONSTANT FATIGUE, LETHARGY OR DROWSINESS

YEAR FIRST SAW PHYSICIAN
FOR THIS CONDITION

(1970-1984 only)

Record 00 if confirmation
category is code 5, 6 or 7.

68

<input type="text"/>	<input type="text"/>	OFFICE	<input type="text"/>	<input type="text"/>
		USE		
C2		ONLY	C5	

71

CONFIRMATION CATEGORY

- () 1. Confirmed
 () 2.
 () 3. Possible 72
 () 4.
 () 5. - Not Confirmed
 () 6. Other: Illegible
 () 7. Other: Accident

Describe the evidence to support the
choice of category. Include all relevant
evidence.

#9. C097. NUMBNESS, TINGLING, PRICKLING
ARMS OR HANDS

YEAR FIRST SAW PHYSICIAN
FOR THIS CONDITION

(1970-1984 only)

Record 00 if confirmation
category is code 5, 6 or 7.

Describe the e
choice of cate
evidence.

75

<input type="text"/>	<input type="text"/>	OFFICE	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	USE	<input type="text"/>	<input type="text"/>
C2		ONLY		C5

78

CONFIRMATION CATEGORY

- () 1. Confirmed
- () 2. Confirmed
- () 3. Possible 79
- () 4. Possible
- () 5. - Not Confirmed
- () 6. Other: Illegible
- () 7. Other: Accident

Coder: Rectype 62; Start column 46; End co

Year of
FIRST Chart Entry

Year of
LAST Chart Entry

No. of conditions CONFIRMED by chart
(Count of codes 1+2 on Conditions Form)

+

No. of conditions POSSIBLY confirmed by
(Count of codes 3+4 on Conditions Form)

+

No. of conditions NOT CONFIRMED by char
(Count of code 5 on Conditions Form)

+

No. of conditions in OTHER category
(Count of codes 6+7 on Conditions Form)

9 Total number of conditions

1=Male patient

2=Female patient

Year of
Birth

Date

Date
Abstr

Week#

01 Oct. 1-6
02 Oct. 8-13
03 Oct. 15-19
04 Oct. 22-26

Week#

05 Oc
06 No
07 No

Residents' Study
Upper Ottawa Landfill

CONDITIONS FORM

CHILD

Chart Abstractions

Patient	I.D.	Rectype	Card	Physician I.D.	Abstractor I.D.	Note: On Master multiple charts use 2222 3333 4444 etc. for Physician I.D.
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1 4	5 6	7 8	9 10	11 14	15 16	

#10 C006. ASTHMA

YEAR FIRST SAW
PHYSICIAN FOR
THIS CONDITION

(1970-1984 only)

Note: Record 00 if
confirmation category
is code 5, 6 or 7.Rectype
62

13

<input type="text"/>	OFFICE USE ONLY	<input type="text"/>
C2		C5

16

CONFIRMATION CATEGORY

() 1.] Confirmed

() 3.] Possible

17

() 5.- Not Confirmed

() 6.] Other: Illegible

() 7.] Other: Accident

Describe the evidence to support the
choice of category. Include all relevant
evidence.

#11 C044. FOOD ALLERGIES

YEAR FIRST SAW PHYSICIAN
FOR THIS CONDITION

(1970-1984 only)

Record 00 if confirmation
category is code 5, 6 or 7.

20

<input type="text"/>	OFFICE USE ONLY	<input type="text"/>
C2		C5

23

CONFIRMATION CATEGORY

() 1.] Confirmed

() 3.] Possible

24

() 5.- Not Confirmed

() 6.] Other: Illegible

() 7.] Other: Accident

Describe the evidence to support the
choice of category. Include all relevant
evidence.

#12 C066. RECURRENT OR SEVERE PROBLEMS WITH SKIN RASHES OR HIVES

YEAR FIRST SAW
PHYSICIAN FOR
THIS CONDITION

(1970-1984 only)

Note: Record 00 if
confirmation category
is code 5, 6 or 7.

--	--

27	<table border="1"> <tr> <td></td> <td></td> </tr> </table> C2			OFFICE USE ONLY	<table border="1"> <tr> <td></td> <td></td> </tr> </table> C5			30

CONFIRMATION CATEGORY

() 1. ☐ Confirmed

() 3. ☐ Possible

31

() 5.- Not Confirmed

() 6. ☐ Other: Illegible

() 7. ☐ Other: Accident

Describe the evidence to support the
choice of category. Include all relevant
evidence.

#13 C078. RED, ITCHY, WATERY, SORE, DRY OR INFLAMED EYES

YEAR FIRST SAW PHYSICIAN
FOR THIS CONDITION

(1970-1984 only)

Record 00 if confirmation
category is code 5, 6 or 7.

--	--

34	<table border="1"> <tr> <td></td> <td></td> </tr> </table> C2			OFFICE USE ONLY	<table border="1"> <tr> <td></td> <td></td> </tr> </table> C5			37

CONFIRMATION CATEGORY

() 1. ☐ Confirmed

() 3. ☐ Possible

38

() 5.- Not Confirmed

() 6. ☐ Other: Illegible

() 7. ☐ Other: Accident

Describe the evidence to support the
choice of category. Include all relevant
evidence.

#14 C125. PROBLEMS WITH NORMAL CHILD DEVELOPMENT IN TERMS OF
PHYSICAL GROWTH OR DEVELOPMENT

YEAR FIRST SAW PHYSICIAN
FOR THIS CONDITION
(1970-1984 only)

Record 00 if confirmation
category is code 5, 6 or 7.

41 OFFICE
USE 44
C2 ONLY C5

Describe the evidence to support the
choice of category. Include all relevant
evidence:

CONFIRMATION CATEGORY

() 1. ☐ Confirmed

() 3. ☐ Possible 45

() 5. - Not Confirmed

() 6. ☐ Other: Illegible

() 7. ☐ Other: Accident

Coder: Rectype 62; Start column 46; End column 63

Year of
FIRST Chart Entry

Year of
LAST Chart Entry

No. of conditions CONFIRMED by chart
(Count of codes 1 + 2 on Conditions Form)

+

No. of conditions POSSIBLY confirmed by chart
(Count of codes 3 + 4 on Conditions Form)

+

No. of conditions NOT CONFIRMED by chart
(Count of code 5 on Conditions Form)

+

No. of conditions in OTHER category
(Count of codes 6 + 7 on Conditions Form)

 5

1=Male patient
2=Female patient

Year of
Birth

Date Month

Date of
Abstraction

Week #

Week#

01 Oct. 1-6
02 Oct. 8-13
03 Oct. 15-19
04 Oct. 22-26

Week#

05 Oct. 29-Nov. 3
06 Nov. 5-10
07 Nov. 12-16

Milton Opinion Research Centre Ltd.
King St. E. Suite 10
NDAS, Ontario
H 5R1
16) 627-9293(4)

Upper Ottawa Street
Landfill Study: Residents'
Chart Abstractions
Dr. Clyde Hertzman 524-2434
Miss Terry Walker 524-2434

COVER SHEET

Patient I.D.

--	--	--	--	--	--

Patient Name

Physician
I.D.

--	--	--	--

*For master cover
sheets
Phys. I.D.*

Abstractor
I.D.

--	--

*2222 = 2 charts
3333 = 3 charts
4444 = 4 charts*

No. of Charts
Reviewed

--

Yellow - Child Chart; age 15 or less -- 5 conditions to search for
Pink - Adult Chart; age 16 or over -- 9 conditions to search for

CALL RECORD AND NOTES

If no abstraction is completed, give detailed reasons. If the abstractor did not personally read the chart, describe all circumstances.

At what point, if any, did the physician become aware of the conditions of interest?

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